

**AGENDA
CITY COUNCIL
DECEMBER 16, 2014**

NOTICE:

DECEMBER 16, 2014

5:00-5:15 P.M.	WASTE WATER TREATMENT COMMITTEE MEETING
5:15-5:30 P.M.	FINANCE COMMITTEE MEETING
5:30-5:45 P.M.	INSURANCE COMMITTEE MEETING
5:45-6:30 P.M.	INDUSTRIAL SEARCH COMMITTEE MEETING
6:30-7:00 P.M.	PLANNING & ZONING COMMITTEE MEETING

**TOWNSHIP MEETING
DECEMBER 16, 2014**

- 1. PRAYER**
- 2. PLEDGE OF ALLEGIANCE**
- 3. ROLL CALL**
- 4. TOWNBOARD MINUTES- DECEMBER 2, 2014**
- 5. PRESENTATION OF COMMUNICATIONS:**
- 6. FINANCE: VIRGIL KAMBARIAN, CHAIRMAN**
 - A. BILL LIST-DECEMBER 16, 2014**

**CITY COUNCIL MEETING
DECEMBER 16, 2014**

- 1. ROLL CALL**
- 2. CITY COUNCIL MINUTES- DECEMBER 2, 2014**
- 3. PRESENTATION OF COMMUNICATION**
- 4. REMARKS BY MAYOR**
- 5. REPORT OF STANDING COMMITTEES:**

DOWNTOWN: BRENDA WHITAKER, CHAIRMAN (CITY HALL & BUILDINGS)

A.

PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN

- A. BUILDING & ZONING REPORT-NOVEMBER 2014**
- B. BOARD OF APPEALS AGENDA – JANUARY 7, 2015**
- C. GRAPHIC REVIEW BOARD AGENDA-JANUARY 8, 2015**
- D. HARC MINUTES – DECEMBER 9, 2014**
- E. PLAN COMMISSION MINUTES – DECEMBER 4, 2014**
- F. PLAN COMMISSION AGENDA-JANUARY 8, 2015**

LEGAL AND LEGISLATIVE: RON SIMPSON, CHAIRMAN (CABLE TV, ORDINANCE)

A.

PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)

- A. MEMO-STEVE OSBORN/JUNEAU-BLOCK 48 PAVING IMPROVEMENTS-BID LETTING NOTICE**
- B. MFT MAINTENANCE EXPENDITURE STATEMENT & SUPPLEMENTAL MAINTENANCE ESTIMATE & RESOLUTION**

POLICE COMMITTEE: JACK JENKINS, CHAIRMAN

A.

FIRE: WALMER SCHMIDTKE, CHAIRMAN

- A. MONTHLY REPORT FOR –NOVEMBER 2014**

WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN

- A. ORDINANCE TO APPROVE AN AMENDED LOAN AGREEMENT WITH THE ILLINOIS ENVIRONMENTAL PROTECTION AGENCY, REDUCING THE BALANCE OWED BY OVER 26.5%**

INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN

- A. PENDING LITIGATION**
- B. RESOLUTION TO AUTHORIZE PURCHASE OF LIABILITY AND OTHER INSURANCE COVERAGE**
- C. RISK MANAGEMENT MONTHLY REPORT – 12/13/14**

**INDUSTRIAL SEARCH AND NEGOTIATIONS: PAUL JACKSTADT,
CHAIRMAN**

**A. RESOLUTION APPROVING AMENDMENT TO SALE
AGREEMENT FOR 1511 JOHNSON RD**

FINANCE: VIRGIL KAMBARIAN, CHAIRMAN

A. PAYROLL-12/15/14

Report of Officers

Unfinished Business

New Business

ADJOURNMENT

**CITY COUNCIL
MINUTES
DECEMBER 2, 2014**

Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:05 p.m.

ATTENDANCE ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, Williams, Clerk Whitaker and Mayor Hagnauer were present.

MOTION By Simpson, second by Schmidtke to approve the minutes from the City Council Meeting on November 18, 2014. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Whitaker to place on file the Plan Commission Meeting Agenda for December 4, 2014. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Simpson to place on file the Notice of Meeting Cancellation for the HARC Board of Directors for November 25, 2014. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Jackstadt to approve the 2012 Motor Fuel Tax Expenditure Statement and Supplemental Maintenance Estimate (\$2,497.46) & Resolution.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Davis to approve 2015 Motor Fuel Tax Maintenance Estimate Resolution in the amount of \$386,000.00.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Simpson to suspend the rules and place on final passage an Ordinance prohibiting tractor trailer truck traffic turning

from West 20th Street within the City of Granite City onto First Street within America's Central Port.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

FINAL PASSAGE: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by McDowell to suspend the rules and place on final passage an Ordinance to remove Stop Signs located on 22nd Street at the intersection of Iowa and 22nd Street, within the City of Granite City, Illinois.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

FINAL PASSAGE: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Schmidtke, second by Davis to place on file the Fire Department Monthly Report for October 31, 2014. ALL VOTED YES. Motion carried.

MOTION By Williams, second by Kambarian to place on file the minutes from the Insurance and Safety Committee Meetings from November 18, 2014 and for the Closed Minutes to remain closed for 6 months. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Kambarian to approve an Intergovernmental Agree between the County of Madison, the City of Granite City, the City of Madison, and the City of Venice (Southwestern Madison County Enterprise Zone-July 1, 2016)

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

FINAL PASSAGE: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Thompson to suspend the rules and place on final passage an Ordinance establishing an Enterprise Zone within the City of Granite City. (Southwestern Madison County Enterprise Zone-July 1, 2016)

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

FINAL PASSAGE: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Williams to place on file the Industrial Search Committee Minutes from November 18, 2014. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by Davis to place on file the Treasurers Report for October 2014. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by Jackstadt to approve the Payroll for the period ending October 30, 2014 in the amount of \$654,699.58.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by Simpson to approve the Bill List for November 2014 in the amount of \$3,543,831.08.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION By Kambarian, second by McDowell to place on file the Minutes of the Finance Committee Meeting on November 18, 2014. ALL VOTED YES. Motion carried.

MAYOR Appoints LaDonna Walden to the HARC Board.

MOTION By McDowell, second by Jenkins to concur with the Mayors appointment of LaDonna Walden to the HARC Board.

ROLL CALL: Kambarian, McDowell, Davis, Thompson, Whitaker, Schmidtke, Jenkins, Simpson, Jackstadt, and Williams. ALL VOTED YES. Motion carried.

MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:19 p.m. ALL VOTED YES. Motion carried.

MEETING ADJOURNED

**ATTEST
JUDY WHITAKER
CITY CLERK**



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

MONTHLY REPORT TO CITY COUNCIL

BUILDING & ZONING DEPARTMENT

NOVEMBER 2014 REPORT

The Building & Zoning Department no longer issues free permits for charities; tax exempt organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required.

NOVEMBER 2014	Permits		
Building Permits	86	\$	3,519.00
Electrical Permits	68	\$	4,140.00
Mechanical Permits	32	\$	1,770.00
Plumbing Permits	23	\$	1,464.00
Occupancy Permits	136	\$	4,475.00
Fence Permits	5	\$	200.00
Sewer Permits	7	\$	350.00
Razing Permits DEMO	0	\$	-
Excavating Permits	2	\$	40.00
SIGN Permits	0	\$	-
HARC	0	\$	-
Planning & Zoning	0	\$	-
Board of Appeals	0	\$	-
Graphic Review	0	\$	-
Plan Review	0	\$	-
Finger Print Processing	18	\$	1,063.00
Misc.	1	\$	12.82
Oversize Load	1	\$	30.00
Flood Zone	1	\$	20.00
(Stationary Eng. Renewals)	2	\$	20.00
TOTALS	382	\$	17,103.82

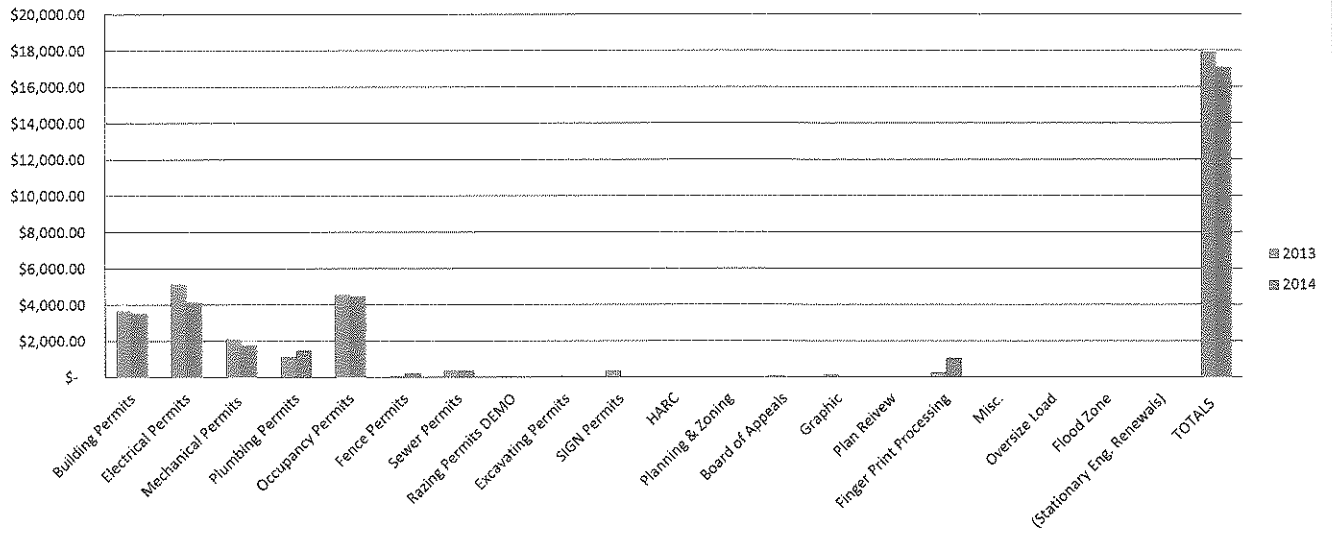
APPROX. CONSTRUCTION VALUE BASED ON

BUILDING PERMITS ISSUED THIS MONTH \$ 465,912.92

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - December 2, 2014
Sheila Nordstrom, Secretary
Building & Zoning Dept.

November 2013 & 2014





City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

A G E N D A **Board of Appeals** **January 7, 2015**

A regularly scheduled meeting of the Board of Appeals will be held on Wednesday, January 7, 2015, at 7:00 PM, in the Second Floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

- 1). Call to Order
- 2). Comments by the Chairman
- 3). Swear In
- 4). Roll Call
- 5). Approval of Minutes/Agenda
- 6). **PETITIONER:** **Metropolitan St. Louis Equal Housing
& Opportunity Council
2900 ½ Morgan Ave.
Parcel ID: 22-2-19-13-09-101-049**

An Appeal to allow the existing property to be “grandfathered” with the existing ceiling height that is less than seven (7) feet at 2900 ½ Morgan Ave. in a District Zoned R-3.

- 7). New Business
- 8). Unfinished Business
- 9). Adjournment

Copies: Mayor and Council Members
City Clerk for Posting
Members of the Board of Appeals



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

A G E N D A **GRAPHIC REVIEW BOARD** **January 8, 2015 at 6:00PM**

- 1). Call to Order
- 2). Comments by the Chairman
- 3). Roll Call
- 4). Swear In
- 5). Approval of Minutes dated August 7, 2014, & Agenda
- 6). PETITIONER: Linda Fussell
State Farm Insurance
2981 Madison Ave.
Parcel ID: 22-2-20-17-06-101-016

REQUEST: Proposal to review the non-conforming Sign Ordinance and allow the use of the existing pole sign, located in front of 2981 Madison Avenue. The proposed sign will have new facing. District Zoned B-1.

- 7). New Business
- 8). Unfinished Business
- 9). Adjournment

Copies: Mayor & City Council
City Clerk's Office/posting
Members of Graphic Review
Derek/County Planner
KMOV (2)



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

Historical & Architectural Review Commission Minutes - December 9, 2014

CALL TO ORDER

Acting Chairperson, Kim King, called the meeting to Order on Tuesday October 28, 2014, at 5:30 PM

ATTENDANCE / ROLL CALL

Members Present were: Paula Hagnauer, Kim King, Jennifer Flores-Melton, Karen Raines and newly appointed member LaDonna Walden. Excused absences: Terry Pierce and Ritch Alexander. Also present were: Asst. City Attorney Laura Andrews, Zoning Administrator Steve Willaredt and Granite City's Building Inspector Ralph Walden.

SWEAR-IN

The Acting Chair asked the Petitioner and those wishing to speak this evening to stand and be sworn in.

MINUTES & AGENDA

A motion to approve the Minutes from the previous meeting October 28, 2014 was not approved due to the Zoning Administrator not having them present. This evening's Agenda motion was made by Paula Hagnauer and seconded by Jennifer Flores-Melton. Voice vote. All ayes. Motion carried.

COMMENT

The Zoning Administrator commented that the first Petitioner, Jacqueline Simons was heard on October 28, 2014. However, per Zoning Ordinance 3818, Article 15, Section 15-920 Public Hearing, Notice requires that by mail owners of the affected property and the owners of all properties within 300 feet be notified of the hearing. This was an oversight by the Building and Zoning Department and upon legal advised of the City Attorney was advised to reschedule the hearing and send noticed to all affected properties to comply with the Ordinance and Statute.

PETITIONER: **Jacqueline Simon**
 Simon Says Daycare, Inc.
 1927 Edison Ave.
 District Zoned D-1 Arts & Entertainment

Ms. Simon introduced herself and stated that she wish to establish a business as a daycare at the above address. She indicated that she has held a State daycare license for eight (8) years. Ms. Simon indicated that with renovation which would be in the area of \$50,000.00 and that she would then be able to houses in the area of 55 children.

There was discussion on the proposed use of the property as to parking, delivery and pick up of children. There was also concern presented in regards to establishments nearby that dispense alcohol. City Ordinance also restricts the sale of alcohol within 300 feet of a school, church or

hospital. These establishments already have their liquor license. It may not affect them but since DCFS would oversee the day care it might pose an issue.

Ms. Simon stated that she was not aware of these establishment have liquor license and that they were this cost to the prospective day care. She further stated that she did not know if this would pose and problems or issues with DCFS.

The Chairperson asked if there was anyone in the audience that was for or against the petition. Mr. Jerry Roderick of Jerry's Cafeteria 1920-22 Edison Ave. indicated that he had a concern in regards to a daycare going in across for his business. He indicated that he has several employees that in years past got in trouble with the law and are now labeled as sexual predators. These people, some who have worked for him 20 years would be out of a job due to the close proximity of a day care. He related that when he has orders going to the schools he has to use other employees because of the restriction set on these employees. Mr. Roderick stated that he is particular concerned that this is designed as an Arts & Entertainment are of the downtown and it would prevent other business from location in the area.

The HARC checklist was completed by Jennifer Flores-Melton as follows:

- 1). Days and hours of operation limited to: Seven (7) days a week 6:00 am to 8:00 pm.
- 2). Signage: on glass window and in accordance with the City of Granite City Sign Ordinance.
- 3). Screening required? No.
- 4). Provisions for parking and loading: drop off in front and requesting children at play signage.
- 6). Any adverse affects on public health, safety and welfare? No.
- 7). Any substantial injury to the value of other property in the neighborhood? No.
- 8). Will proposal substantially alter the essential character of the district in which it is located? No.
- 9). Are provisions needed for the protection of adjacent property? No.
- 10). Additional requirements? Signage for Slow Children at Play.
- 11). Will permit expire with change in ownership? Yes.
- 12). Is re-application necessary to intensify use? Yes.
- 13). Shall the Zoning Administrator or HARC, have the right to bring back this permit for review if, at any time, they find the stated intent of this permit has not been followed, or the business has become a nuisance, or is in violation of the above-named conditions? Yes.

Motion: by Paula Hagnauer and seconded by Kim King to amend the zoning rules to allow a special use of Simon Says Daycare in a D-1 Arts & Entertainment District with the above stipulations. Roll Call Vote: All nays. Motion failed by unanimous consent.

The Chair stated to the Petitioner, the HARC is a recommending body to the City Council and the Council will have the final determination at their next regularly scheduled meeting to be held December 16, 2014

PETITIONER **Michael Dawson**
 Dawson Fitness, LLC
 1815 Delmar Ave.
 Zoned D-2 Commercial Sub-District

Mr. Dawson introduced himself and indicated that he wants to establish a fitness center at the above location that was formerly occupied by Tanks Total Fitness. Mr. Dawson stated that is working with the

Junior Warriors and has been a personal trainer for the last eight (8) years working under Steve McKinney. This will not be a membership gym that will be directed to the average person and work around the Junior Warrior schedule.

The HARC checklist was completed by Jennifer Flores-Melton as follows:

- 1). Days and hours of operation limited to: 5:00 am to 9:00 pm Seven (7) days a week pm.
- 2). Signage: will place signage no larger than what was there from Tanks with approval of the Zoning Administrator.
- 3). Screening required? No.
- 4). Provisions for parking and loading: Yes
- 6). Any adverse affects on public health, safety and welfare? No.
- 7). Any substantial injury to the value of other property in the neighborhood? No.
- 8). Will proposal substantially alter the essential character of the district in which it is located? No.
- 9). Are provisions needed for the protection of adjacent property? No.
- 10). Additional requirements? No.
- 11). Will permit expire with change in ownership? Yes.
- 12). Is re-application necessary to intensify use? Yes.
- 13). Shall the Zoning Administrator or HARC, have the right to bring back this permit for review if, at any time, they find the stated intent of this permit has not been followed, or the business has become a nuisance, or is in violation of the above-named conditions? Yes.

There is no one in the audience either for or against the Petition. No further discussion or comments.

MOTION by Paula Hagnauer and second by Kim King to approve the Petitioner's request to establish a fitness center in a District Zoned D-2 Commercial Sub-District with the above named restrictions (Items 1-13). Roll Call Vote. All ayes. Motion carried by unanimous consent.

The Chair stated to the Petitioner, the HARC is a recommending body to the City Council and the Council will have the final determination at their next regularly scheduled meeting to be held December 16, 2014.

NEW BUSINESS

None voiced.

UNFINISHED BUSINESS

None voiced

Motion to Adjourn by Paula Hagnauer seconded by Kim King. Motion carried.

Respectfully submitted,

Steve Willaredt

Zoning Administrator

**Historical & Architecture Review Commission
Advisory Report, Meeting held on December 9, 2014**

PETITIONER: **Jacqueline Simon
Simon Says Day Care, Inc.
1927 Edison Ave.
D-1 Arts & Entertainment**

MOTION to approve the petition and allow the establishment of the child daycare at 1927 Edison Ave. with the following stipulations:

- 1). Days and hours of operation limited to: Seven (7) days a week 6:00 am to 8:00 pm.
- 2). Signage: on glass window and in accordance with the City of Granite City Sign Ordinance.
- 3). Screening required? No.
- 4). Provisions for parking and loading: drop off in front and requesting children at play signage.
- 6). Any adverse affects on public health, safety and welfare? No.
- 7). Any substantial injury to the value of other property in the neighborhood? No.
- 8). Will proposal substantially alter the essential character of the district in which it is located? No.
- 9). Are provisions needed for the protection of adjacent property? No.
- 10). Additional requirements? Signage for Slow Children at Play.
- 11). Will permit expire with change in ownership? Yes.
- 12). Is re-application necessary to intensify use? Yes.
- 13). Shall the Zoning Administrator or HARC, have the right to bring back this permit for review if, at any time, they find the stated intent of this permit has not been followed, or the business has become a nuisance, or is in violation of the above-named conditions? Yes.

Roll Call vote:

Kim King	No	Paula Hagnauer	No
Jennifer Flores-Melton	No	Karen Raines	No
LaDonna Walden	No		

All Nays. Motion failed by unanimous consent.

PETITIONER: **Michael Dawson
Dawson Fitness, LLC
1815 Delmar Ave.
Zoned D-2 Commercial Sub-District**

MOTION to approve the petition and allow the establishment of the child daycare at 1927 Edison Ave. with the following stipulations:

- 1). Days and hours of operation limited to: 5:00 am to 9:00 pm Seven (7) days a week pm.

- 2). Signage: will place signage similar to what was there from Tanks with approval of the Zoning Administrator.
- 3). Screening required? No.
- 4). Provisions for parking and loading: Yes
- 6). Any adverse affects on public health, safety and welfare? No.
- 7). Any substantial injury to the value of other property in the neighborhood? No.
- 8). Will proposal substantially alter the essential character of the district in which it is located? No.
- 9). Are provisions needed for the protection of adjacent property? No.
- 10). Additional requirements? No.
- 11). Will permit expire with change in ownership? Yes.
- 12). Is re-application necessary to intensify use? Yes.
- 13). Shall the Zoning Administrator or HARC, have the right to bring back this permit for review if, at any time, they find the stated intent of this permit has not been followed, or the business has become a nuisance, or is in violation of the above-named conditions? Yes.

Roll Call vote:

Kim King	Yes	Paula Hagnauer	Yes
Jennifer Flores-Melton	Yes	Karen Raines	Yes
LaDonna Walden	Yes		

All Ayes. Motion carried by unanimous consent.



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

Plan Commission Minutes December 4, 2014

CALL TO ORDER

The Chairman, John Janek, called the meeting of the Plan Commission to Order on Thursday, December 4, 2014, at 7:00 PM.

PLEDGE OF ALLEGIANCE & SWEAR IN

The Pledge of Allegiance was recited and the Petitioner was asked to remain standing to be sworn in.

ATTENDANCE/ROLL CALL

Members Present: John Janek, Sharon Howard, Peggy Cunningham, Don Luddeke, and Roger Tracy. Also present were: Assistant City Attorney Laura Andrews, Zoning Administrator Steve Willaredt and Alderman Dan McDowell. Excused absences: Andy Mathes, Mark Davis, Mary Jo Akeman and Jack Taylor.

MINUTES

Motion to approve the Minutes from the previous meeting (October 2, 2014) was made by Roger Tracy and seconded by Don Ludeke. Voice Vote. All ayes. Motion carried.

AGENDA

Motion to approve this evening's Agenda was made by Shirley Howard and seconded by Roger Tracy. Voice vote. All ayes. Motion carried.

COMMENTS BY THE CHAIRMAN

The Chair stated to the Petitioner, the Plan Commission is a recommending body to the City Council and the Council will make the final determination at their next Council meeting scheduled to be held on Tuesday, December 16, 2014.

COUNCIL REPORT

The Council Chairman Dan McDowell stated he had nothing to report.

PETITIONER: Angela Bivens
2901 Iowa St.

The Chair stated she request is to establish a Hair Salon at the above address located in R-3 Single Family Residential District.

Angela Bivens introduced herself and stated she would like to establish a hair salon at 2901 Iowa St., the current location of J. Scott. The studio will do hair care, make up and nails. Discussion followed. The Petitioner responded to the Commission's questions;

The Special & Non-Conforming Use Checklist was completed by Commission member John Janek

- a). Hours of Operation limited to: 8am – 9pm Monday thru Friday & 8am – 6pm on Saturday .
- b). Days of operation: 6 days per week.
- c). Signage limited to: Flush Mounted signage approved by the Administrator, Building and Zoning.
- d). Screening required: None required.
- e). Additional parking required: None required
- f). Any additional exterior lighting permitted? Yes
- g). Is there a need to address storm water run-off? No
- h). Does permit expire with change of ownership and/or use? Yes
- i). Is re-application necessary to intensify use? Yes
- j). Shall the Zoning Administrator have the right to bring back the permit for review, if at any time, he finds the stated intent of the permit has not been followed or the business has become a nuisance? Yes

MOTION by Peggy Cunningham and seconded by Shirley Howard to allow the Petition to establish a Hair Salon in a District Zoned R-3, Single Family Residential District, and in accordance with the above named conditions and restrictions (Items A thru J). Roll Call vote. All ayes. Motion carried by unanimous consent.

NEW BUSINESS

None Voiced.

UNFINISHED BUSINESS

None voiced.

A **Motion** to adjourn was made by Shirley Howard and seconded by Don Ludeke. Motion carried.

Respectfully submitted,

Steve Willaredt

Zoning Administrator



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

PLAN COMMISSION ADVISORY REPORT

Hearing Date: December 4, 2014

PETITIONER: Angela Bivens
2901 Iowa Ave.

MOTION by Peggy Cunningham and seconded by Shirley Howard to grant the Petitioner's request to allow a Hair Salon in a District Zoned R-3 Single Family Residential District, with the following conditions and restrictions:

- a). Hours of Operation limited to: 8am – 9pm Monday thru Friday & 8am – 6pm on Saturday.
- b). Days of operation: 6 days per week.
- c). Signage limited to: Flush mount signage approved by the Administrator, Building and Zoning.
- d). Screening required: None required.
- e). Additional parking required: None required
- f). Any additional exterior lighting permitted? Yes
- g). Is there a need to address storm water run-off? No
- h). Does permit expire with change of ownership and/or use? Yes
- i). Is re-application necessary to intensify use? Yes
- j). Shall the Zoning Administrator have the right to bring back the permit for review, if at any time, he finds the stated intent of the permit has not been followed or the business has become a nuisance? Yes

ROLL CALL VOTE

John Janek Yes
Shirley Howard Yes
Don Ludeke Yes

Roger Tracy Yes
Peggy Cunningham Yes

Motion carried by unanimous consent.



City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

AGENDA PLAN COMMISSION Meeting January 8, 2015

A meeting of the Plan Commission will be held on Thursday, January 8, 2015 at 7:00 PM, in the Second Floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

- 1). Pledge of Allegiance & Swear In
- 2). Roll Call - Comments
- 3). Approval of Minutes & Agenda
- 4). Council Report

- 5). PETITIONER (1): Todd Angle & Jeff Wallace
 823 Niedringhaus Avenue
 (formerly "Cat's Meow")
 Parcel: 22-2-19-24-05-102-016

Request for a Plan Review for the establishment of a Gift and Craft store (Kinderhook Kraft's). Located in a District Zoned Lincoln Place Planned Unit Development.

- 6). New Business
- 7). Unfinished Business
- 8). Adjournment



✓ 2100 State Street
P.O. Box 1325
Granite City, IL 62040
618-877-1400 • F. 618-452-5541


100 N. Research Dr.
Edwardsville, IL 62025
618-659-0900 • F. 618-659-0941

330 N. Fourth Street, Suite 200
St. Louis, MO 63102
314-241-4444 • F. 314-909-1331

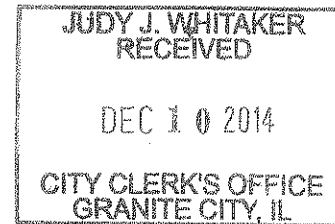
December 10, 2014
Job No. 140215

Memorandum
Block 48 Paving Improvements
Bid Notice

To: Mayor & City Council

From: Steve Osborn 

Subject: Block 48 Paving Improvements
Bid Letting Notice




-
- 1) As requested, we have prepared plans and specifications for the Block 48 Development paving improvements to be bid on Tuesday December 16th at 10:00 AM
 - 2) We will present bid tabulations and a memo of award recommendation at the December 16th Council Meeting for the City's review and approval.
 - 3) We request this be placed on the Council Agenda for review and approval.

December 10, 2014
Job No. E130200

Memorandum
MFT Municipal Maintenance Expenditure Statement &
Supplemental Maintenance Estimate & Resolution

To: Mayor and City Council

cc:

From: Steve Osborn 

Subject: 2013 Motor Fuel Tax (MFT)-SUPPLEMENTAL Maintenance Estimate &
Resolution for Close out
Section 13-00000-00-GM

JUDY J. WHITAKER
RECEIVED

DEC 10 2014

CITY CLERK'S OFFICE
GRANITE CITY, IL

- 1) As requested, we have reviewed the maintenance expenditures submitted to us for the 2013 MFT program, and prepared a Supplemental Maintenance Estimate, Supplemental Maintenance Resolution, and Municipal Maintenance Expenditure Statement for review and approval to close out the 2013 MFT program.
- 2) The original IDOT approved Maintenance Estimate was in the amount of \$720,000.
- 3) The total maintenance expenditures for the 2013 MFT Program were \$603,643.84, of which \$603,643.84 is eligible to be transferred from the MFT account to the General Fund, if sufficient funds are available.
- 4) Also attached is a list of MFT expenditures for the period of January 1, 2013 thru December 31, 2013.
- 5) A Supplemental Maintenance Estimate and corresponding Resolution of \$36,000 have been prepared for categories that overran by more than the 10% IDOT tolerance for MFT expenditures.
- 6) Please review for approval.
- 7) Upon approval by the City Council, we will provide five (5) copies to be signed by the Mayor and the City Clerk and we will forward to IDOT for their review and approval.

Municipal Maintenance
Expenditure Statement

Local Public Agency: City of Granite City
County: Madison
Section Number: 13-00000-00-GM

I hereby certify that the maintenance operations shown below were completed in accordance with the items of work listed on the Municipal Estimate of Maintenance Costs, Form BLR 14231 approved on 7/24/2013, and revised or supplemental Municipal Estimate of Maintenance Costs Form BLR 14231 approved on various, and that the expenditure of Motor Fuel Tax funds, for that work during the maintenance period of 1/1/2013 through 12/31/2013 is as shown and that receipted bills are on file and available for audit.

[illegible]

Maintenance Engineering Cost Summary	
Preliminary Engineering Fee	24,368.21
Engineering Inspection Fee	3,701.10
Material Testing Costs	-
Advertising Costs	-
Bridge Inspections Costs	-
Total Maintenance Engineering	28,069.31

Maintenance Engineering Cost Summary

24,368.21	
3,701.10	
-	
-	
-	
28,069.31	

Total Maintenance Program Costs
Contributions, Refunds, Paid with Other Funds
Total Motor Fuel Tax Portion
Total Motor Fuel Tax Funds Authorized
Surplus/Deficit

Maintenance	Maint, Engineering
603,643.84	28,069.31
	-
603,643.84	28,069.31
720,000.00	42,912.46
1,16,258.16	4,000.00

Remarks:

Submitted:

Approved:

Municipal Official		Title	Date	Regional Engineer	Date



Local Public Agency: City of Granite City
County: Madison
Section Number: 13-00000-00-GM

Maintenance Period 1/1/2013 to 12/31/2013

[illegible]

Approved:

Title

Regional Engineer

Date _____

Granite City Fire Department

Departmental Activity Report

Current Period: 11/01/2014 to 11/30/2014, Prior Period: 11/01/2014 to 11/30/2014

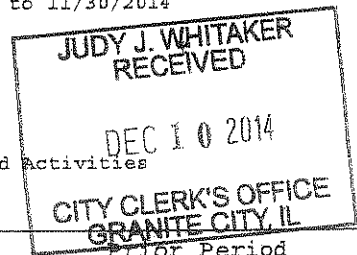
00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities



Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
Fire Alarm Situations				
Chemical release, reaction, or toxic	3	01:43	3	01:43
Combustible/flammable spills & leaks	1	01:00	1	01:00
Dispatched and cancelled en route	12	420:48	12	420:48
Electrical wiring/equipment problem	5	24:21	5	24:21
Emergency medical service (EMS) Incident	3	03:31	3	03:31
Extrication, rescue	1	01:40	1	01:40
False alarm and false call, Other	17	21:46	17	21:46
Fire, Other	4	12:54	4	12:54
Good intent call, Other	6	03:53	6	03:53
Hazardous condition, Other	3	06:12	3	06:12
Medical assist	79	127:03	79	127:03
Mobile property (vehicle) fire	3	02:09	3	02:09
Natural vegetation fire	1	06:09	1	06:09
Outside rubbish fire	2	04:35	2	04:35
Public service assistance	3	03:00	3	03:00
Rescue or EMS standby	2	09:00	2	09:00
Rescue, emergency medical call (EMS),	5	11:59	5	11:59
Service call, Other	1	04:57	1	04:57
Special outside fire	3	26:00	3	26:00
Structure Fire	6	40:40	6	40:40
System or detector malfunction	2	04:21	2	04:21
Unintentional system/detector operation	6	11:52	6	11:52
	168	749:40	168	749:40
Inspection Violations Discovered				
COMMERCIAL HOOD SYSTEM SERVICE	1		1	
	1		1	
Occupancy Inspections/Activities				
INSPECTION - General	2	00:00	2	00:00
	2	00:00	2	00:00
Training				
Administrative Procedures	2	02:00	2	02:00
AERIAL TRAINING	8	16:00	8	16:00

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

Departmental Activity Report

Current Period: 11/01/2014 to 11/30/2014, Prior Period: 11/01/2014 to 11/30/2014

00:00 to 24:00

All Stations

All Shifts

All Units

Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period		Prior Period	
	Count	Staff Hrs	Count	Staff Hrs
Training				
APPARATUS TRAINING	10	18:00	10	18:00
AUTO EXTRICATION	42	91:00	42	91:00
balder generator	7	07:00	7	07:00
CONFINED SPACE RESCUE	8	24:00	8	24:00
CPR	4	11:00	4	11:00
Drivers Training	4	04:00	4	04:00
Electrical Safety	5	10:45	5	10:45
Emergency Medical Services	2	04:00	2	04:00
EMS PROTOCOL &TEXT	2	04:00	2	04:00
Fire Behavior	13	20:00	13	20:00
FIRE DRILLS	5	05:00	5	05:00
General Building Construction	3	06:00	3	06:00
HOSE	28	73:30	28	73:30
HURST TOOL	2	02:00	2	02:00
LADDERS	13	16:00	13	16:00
LIFTING AND MOVING PATIENTS	8	16:00	8	16:00
LUCAS Device	6	06:00	6	06:00
ON SCENE FIREFIGHTING	16	24:00	16	24:00
PARAMEDIC CLASS	1	05:00	1	05:00
PARAMEDIC/EMT SCHOOLING	1	04:00	1	04:00
PHYSICAL TRAINING	20	20:03	20	20:03
Policies and Procedures	6	00:00	6	00:00
PUMP OPERATION	4	06:00	4	06:00
Rescue Awareness	4	06:00	4	06:00
Rescue Equipment	4	08:00	4	08:00
Risk Management on the fire ground	2	02:00	2	02:00
ROPES & KNOTS	7	07:00	7	07:00
safety	11	23:00	11	23:00
SCBA Donning Methods	3	01:30	3	01:30
SMALL TOOLS & EQUIP	25	33:51	25	33:51
STREETS	11	16:30	11	16:30
TOUR OF A FACILITY	2	03:00	2	03:00
TWELVE LEAD	1	01:00	1	01:00
Water Supply	5	05:00	5	05:00
	295	502:09	295	502:09

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

2300 Madison Ave., Granite City, IL 62040

Administered Meds Count

From: 11/01/2014 To: 11/30/2014

Mutual Aid Assignments Provided	5	Mutual Aid Assignments Received	0
Abbott Ambulance	5		

Total EMS Assignments Provided			337
4440-02	126	37.4 %	
4443-01	30	8.9 %	
4447-03	178	52.8 %	
4449-04	3	0.9 %	

No Patient At Scene Assignments			9
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Call Volume Day of Week Analysis			337
Monday	46	13.6 %	
Tuesday	39	11.6 %	
Wednesday	48	14.2 %	
Thursday	43	12.8 %	
Friday	57	16.9 %	
Saturday	52	15.4 %	
Sunday	52	15.4 %	

Call Volume by Hour Analysis			337
0	10	3.0 %	
1	10	3.0 %	
2	8	2.4 %	
3	4	1.2 %	
4	8	2.4 %	
5	13	3.9 %	
6	10	3.0 %	
7	12	3.6 %	
8	21	6.2 %	
9	25	7.4 %	
10	24	7.1 %	
11	23	6.8 %	
12	23	6.8 %	
13	11	3.3 %	
14	15	4.5 %	
15	19	5.6 %	
16	14	4.2 %	
17	18	5.3 %	
18	14	4.2 %	
19	7	2.1 %	
20	11	3.3 %	
21	13	3.9 %	
22	12	3.6 %	
23	12	3.6 %	

Miles to Scene Analysis			0
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Miles to Destination Analysis			228
.1 - 5	180	78.9 %	
05 - 10	7	3.1 %	
10 - 15	32	14.0 %	
15 - 20	8	3.5 %	
20 - 25	1	0.4 %	

Miles to Base Analysis			0
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Crew Shift Assignments Analysis			337
1	121	35.9 %	
2	81	24.0 %	
3	135	40.1 %	

Responded From Assignments Analysis			337
	1	0.3 %	
Hospital	30	8.9 %	
On Street in City	22	6.5 %	
On Street out of City	1	0.3 %	
Station 1	171	50.7 %	
Station 2	1	0.3 %	
Station 3	111	32.9 %	

District Assignments Analysis			328
	2	0.6 %	
Non-Resident	80	24.4 %	
Resident	246	75.0 %	

Location City Analysis 337

GRANITE CITY	333	98.8 %
MADISON	2	0.6 %
St. Louis	1	0.3 %
Venice	1	0.3 %

Location County Analysis 337

MADISON	1	0.3 %
MADISON	335	99.4 %
St. Louis	1	0.3 %

Location Type Analysis 337

Home / Residence	217	64.4 %
Farm / Ranch	4	1.2 %
Office / Business / Ind	14	4.2 %
Recreational / Sports	1	0.3 %
Street / Highway	15	4.5 %
Public Building / Area	39	11.6 %
Residential Institution	11	3.3 %
Other Specified Location	33	9.8 %
Not Applicable	2	0.6 %
	1	0.3 %

EMS Assignments Response Type Analysis 336

911 Response (Scene)	330	98.2 %
Medical Transport	6	1.8 %

EMS Assignments Response Mode Analysis 336

Initial Lights and Sirens, Downgraded to No Lights or Sirens	1	0.3 %
No Lights or Sirens	54	16.1 %
Unknown	281	83.6 %

EMS Assignments Transport Type Analysis 328

D.O.A.	5	1.5 %
No Treat Request	13	4.0 %
Not Applicable	8	2.4 %
Patient Refused Care	27	8.2 %
Treat/Release	1	0.3 %
Treat/Transfer Care	10	3.0 %
Treat/Transport	263	80.2 %
Treat/Transport by Car	1	0.3 %

Destination Analysis 328

*No Transport	55	16.8 %
*Residence	11	3.4 %
Alton Memorial Hospital Alton	1	0.3 %
Anderson Hospital Maryville	8	2.4 %
St. Anthony's Hospital Alton	1	0.3 %
*Gateway Regional Medical Center	204	62.2 %
Toucheffe Regional Hospital, Inc. Centreville	1	0.3 %
Non-specific Missouri	2	0.6 %
St. John's Mercy Medical Center	1	0.3 %
Christian Hospital Northeast	2	0.6 %
St. Louis University Hospital - Main	5	1.5 %
SSM Cardinal Glennon Children's Hospital	8	2.4 %
St. Louis Children's Hospital	4	1.2 %
Barnes-Jewish Hospital - South	15	4.6 %
St. Mary's Hospital	1	0.3 %
Transfer to Other Transport (Air)	1	0.3 %
*Granite Nursing & Rehab	4	1.2 %
*Stearns Nursing & Rehab	1	0.3 %
Doctor Office	1	0.3 %
Fountainview Memory Center	2	0.6 %

Destination Determination Analysis 328

Closest Facility (None Below)	153	46.6 %
Not Applicable	54	16.5 %
Patient / Family Choice	82	25.0 %
Patient physician choice	29	8.8 %
Managed Care	6	1.8 %
Law Enforcement Choice	1	0.3 %
Diversion / Bypass	2	0.6 %
Other	1	0.3 %

Insurance Providers Analysis 326

molina healthcare	1	0.3 %
1	2	0.6 %
A	2	0.6 %
Advantra GHP	2	0.6 %
Advantra Medicare HMO	1	0.3 %
Anderson # V0000204985	1	0.3 %
Anderson Hosp	1	0.3 %
Anthem Blue Cross	5	1.5 %

Bcbs	3	0.9 %
BCBS FEP	1	0.3 %
BCBS IL	8	2.4 %
BCBS PA	3	0.9 %
BCBS Pennsylvania	1	0.3 %
BCBS TN	1	0.3 %
Blue Cross Blue Shield of Illinois	1	0.3 %
Blue Cross Blue Shield PA	1	0.3 %
Childrens Hosp. Financial# 36099323	1	0.3 %
Cigna	2	0.6 %
CMR/local 655	1	0.3 %
Coventry	1	0.3 %
CoVENTRY HEALTH PLAN OF MO	1	0.3 %
Coventry One (Carelink)	1	0.3 %
Essence	1	0.3 %
ESSENCE HEALTHCARE	1	0.3 %
Group Health Plan London	1	0.3 %
Harmony	2	0.6 %
Harmony health plan	3	0.9 %
Harmony healthplan	1	0.3 %
Healthlink HMO	1	0.3 %
Healthlink Open Access	1	0.3 %
HOME STATE HEALTH PLAN	1	0.3 %
Humana Gold Choice	1	0.3 %
Humana HMO	1	0.3 %
IDPA Molina HC of Illinois	1	0.3 %
Medicaid Illinois	52	15.9 %
Medicaid MO	2	0.6 %
Medicare A and B	1	0.3 %
Medicare Advantage	2	0.6 %
Medicare complete	3	0.9 %
Medicare HMO	4	1.2 %
Medicare Mutual Omaha PO 1602	102	31.1 %
Medicare Mutual Omaha PO 2347	1	0.3 %
Meridian	3	0.9 %
Meridian Health Care	1	0.3 %
Meridian Health Plan	14	4.3 %
Meridian Health Plan of ILLINOIS	3	0.9 %
Missouri Medicaid	2	0.6 %
Molina	1	0.3 %
Molina healthcare	5	1.5 %
MoLINA HEALTHCARE OF IL	5	1.5 %
N/A	5	1.5 %
No Transport	2	0.6 %
NONE	1	0.3 %
Secure Horizons direct	1	0.3 %
Self Pay	46	14.6 %
Tricare PRIME	1	0.3 %
United Healthcare	1	0.3 %
United Healthcare Choice	2	0.6 %
United Healthcare Medicare Advantage	1	0.3 %
United Healthcare Other	2	0.6 %
Veterans eval. services	1	0.3 %
well care	1	0.3 %
Welicare	1	0.3 %
Welicare Medicare HMO	1	0.3 %
Worker's Compensation	3	0.9 %

Dispatch Complaint Assignments Analysis

337

Abdominal Pain	8	2.4 %
Allergies/Hives/Med reaction	1	0.3 %
Animal bite	1	0.3 %
Assist invalid	3	0.9 %
Back pain (non traumatic)	7	2.1 %
Breathing problems	33	9.8 %
Cardiac/Respiratory arrest	6	1.8 %
Chest pain	20	5.9 %
Choking	1	0.3 %
Convulsions/Seizure	25	7.4 %
Diabetic problems	3	0.9 %
Emergency Transfer	2	0.6 %
Fall (nontraumatic)	16	4.7 %
Falls/Back injury (traumatic)	12	3.6 %
Headache	3	0.9 %
Hemorrhage/Laceration	2	0.6 %
Lift Assist (no injury complaint)	17	5.0 %
Nature unknown	15	4.5 %
Nausea/Vomiting	3	0.9 %
Non-Emergency Transfer	8	2.4 %
Overdose/Ingestion/Poisoning	3	0.9 %
Pregnancy/Childbirth/Miscarriage	1	0.3 %
Psych/Suicide	9	2.7 %
Sick case	46	13.6 %
Stroke(CVA)	4	1.2 %

Traffic accident	9	2.7 %
Transfer/Interfacility/Palliative Care	33	9.8 %
Traumatic injuries	13	3.9 %
Unconscious/Fainting	11	3.3 %
Unknown Problem Man Down	17	5.0 %
Unknown Problem/Man Down	5	1.5 %

Total Number Of Patients 328

Patient Age Analysis

18-35	60	18.3 %
36-65	115	35.1 %
65+	132	40.2 %
Less Than 18	21	6.4 %

Patient Gender Analysis

Female	174	53.0 %
Male	154	47.0 %

Patient Ethnic Analysis

Black	51	15.5 %
Hispanic	8	2.4 %
Other	2	0.6 %
Unknown	1	0.3 %
White	266	81.1 %

Patient Pre Existing Conditions Analysis

A-Fib	2	0.3 %
ABD pn	13	1.8 %
Alcoholism	2	0.3 %
Alzheimers disease	7	1.0 %
Anemia	6	0.9 %
Anemia, pernicious	1	0.1 %
Anxiety	1	0.1 %
Arthritis, osteo	21	3.0 %
Arthritis, rheumatoid	2	0.3 %
Asthma	2	0.3 %
AutISM	22	3.1 %
Back pain	1	0.1 %
Behavioral / Psych	12	1.7 %
Bi-polar	3	0.4 %
Blindness	5	0.7 %
brain aneurism	1	0.1 %
Brain anurism	1	0.1 %
Brain tumor	1	0.1 %
BREAST CA	4	0.6 %
Bronchitis	1	0.1 %
Bronchittis	1	0.1 %
CABG	1	0.1 %
Cancer	11	1.6 %
CardiOMYOPATHY	1	0.1 %
Cardiac	47	6.7 %
Cardiac Bypass x 2	1	0.1 %
Cardiac Valve Replacement	1	0.1 %
CERVICAL CANCER	1	0.1 %
Chest blockage	1	0.1 %
CHF	12	1.7 %
Chlamydia	1	0.1 %
Chronic BACK PAIN	1	0.1 %
Chronic pain	1	0.1 %
Colitis	1	0.1 %
Colon CA	1	0.1 %
COPD	39	5.6 %
CPOD	1	0.1 %
CVA	15	2.1 %
Delirium tremens	1	0.1 %
Dementia	15	2.1 %
Depression	25	3.6 %
DIABETES	10	1.4 %
Diabetes type 1	20	2.8 %
Diabetes type 2	33	4.7 %
Dialysis / Renal Failure	3	0.4 %
Diverticulitis	1	0.1 %
Drug abuse	2	0.3 %
Emphysema	3	0.4 %
EPILEPSY	1	0.1 %
Fatigue	1	0.1 %
Fibromyalgia	1	0.1 %
Gall bLADDER REMOVAL	1	0.1 %
Gall stones	1	0.1 %
Gallbladder removal	1	0.1 %

Gallstones	1	0.1 %
GERD	3	0.4 %
Head injury Brain Injury	1	0.1 %
Heart ablation	1	0.1 %
Hepatitis B	1	0.1 %
Hepatitis C	5	0.7 %
Hernia	2	0.3 %
High Cholesterol	4	0.6 %
HIV	2	0.3 %
HSV	1	0.1 %
Htn	42	6.0 %
Hydrocephalic	1	0.1 %
Hydrocephalus	1	0.1 %
Hypercalcemia	1	0.1 %
Hypercholesterolemia	4	0.6 %
Hyperlipidemia	2	0.3 %
Hypermagnesemia	1	0.1 %
Hypertension	62	8.8 %
Hypotension	2	0.3 %
Hypothyroidism	6	0.9 %
Hysterectomy	1	0.1 %
IBS	2	0.3 %
infected right foot bones	1	0.1 %
Ischemic Colon	1	0.1 %
Kidney disease	4	0.6 %
Kidney Stones	2	0.3 %
Knee replacement	3	0.4 %
Leg pain	1	0.1 %
Liver disease	1	0.1 %
Lung ca	1	0.1 %
Lung Cancer	1	0.1 %
MACULAR DEGENERATION	1	0.1 %
Meningitis	1	0.1 %
Mental Retardation	1	0.1 %
MI	8	1.1 %
Migraines	3	0.4 %
MS	2	0.3 %
Neuropathy	3	0.4 %
NONE	39	5.5 %
NONEg	1	0.1 %
Osteoarthritis	1	0.1 %
Pacemaker	22	3.1 %
Pancreatitis	1	0.1 %
Parkinsons	4	0.6 %
Partial Paralysis	3	0.4 %
Pneumonia	2	0.3 %
Pregnancy	4	0.6 %
Previous left shoulder injury	1	0.1 %
PSYCH	2	0.3 %
Psychiatric	1	0.1 %
PTSD	2	0.3 %
Pulmonary Emboli	1	0.1 %
QUADRAPLEGIC	1	0.1 %
Quadraplegic	1	0.1 %
Renal Failure	5	0.7 %
RIGHT MASTECTOMY	1	0.1 %
Schizophrenia	5	0.7 %
Seizures	19	2.7 %
Sleep apnea	2	0.3 %
Stari	1	0.1 %
STROKE	3	0.4 %
Substance abuse	1	0.1 %
Substance abuse	1	0.1 %
SUICIDAL ATTEMPT	1	0.1 %
SVT	4	0.6 %
Tachycardia	1	0.1 %
Thyroid	8	1.1 %
TIA	4	0.6 %
Torticollis	1	0.1 %
Tracheostomy	1	0.1 %
Tracheostomy	1	0.1 %
Transient ischemic Attack	1	0.1 %
Unknown	9	1.3 %
UTI	3	0.4 %

Patient Primary Illness Assessment Analysis

262

Abdominal pain/problems	17	6.5 %
Airway Obstruction	1	0.4 %
Altered level of consciousness	18	6.9 %
Behavioral/psychiatric disorder	12	4.6 %
Cardiac arrest	8	3.1 %
Cardiac rhythm disturbance	1	0.4 %
Chest pain/discomfort	10	3.8 %
Diabetic symptoms	4	1.5 %

Hypovolemia/shock	1	0.4 %
Poisoning/drug ingestion	5	1.9 %
Pregnancy/DB delivery	2	0.8 %
Respiratory Distress	22	8.4 %
Seizure	15	5.7 %
Stroke/CVA	3	1.1 %
Syncope/fainting	11	4.2 %
Other	131	50.0 %
Unknown	1	0.4 %

Patient Primary Trauma Cause Assessment Analysis 41

Blunt/Thrown Object	4	9.8 %
Falls	21	51.2 %
Machinery Accident	1	2.4 %
Motor Vehicle Crash	7	17.1 %
Other	8	19.5 %

Procedures Administered Analysis 1316

Airway position - head-tilt chin-lift	1	0.1 %
Airway-CPAP	2	0.2 %
Airway-King LT Blind Insertion Airway Device	2	0.2 %
Assessment-Adult	194	14.7 %
Assessment-Pediatric	9	0.7 %
Bandage - pressure	3	0.2 %
Bandage - sterile	6	0.5 %
Blood glucose analysis	338	25.7 %
Cervical collar application	11	0.8 %
Cleansed wound	1	0.1 %
Cold pack application	1	0.1 %
Contact Medical Control	1	0.1 %
CPR	20	1.5 %
Defibrillation - direct	4	0.3 %
ECG - 12 lead	87	6.6 %
ECG - 4 lead	135	10.3 %
Endotracheal intubation	4	0.3 %
Intraosseous insertion	3	0.2 %
Intravenous established	138	10.5 %
Intravenous maintained	2	0.2 %
Moved by long spine board	16	1.2 %
Moved by manual lift/carry	27	2.1 %
Moved by rescue seat	1	0.1 %
Moved by stairchair	10	0.8 %
Oropharyngeal airway insertion	1	0.1 %
Pain Measurement	2	0.2 %
Patient Cooling (Cold Pack, etc.)	1	0.1 %
Patient Loaded	28	2.1 %
Patient Off-Loaded	24	1.8 %
Position Pt - high-fowlers	1	0.1 %
Position Pt - modified trendelenberg	1	0.1 %
Pulse Oximetry	60	4.6 %
Sling	1	0.1 %
Spinal immobilization	8	0.6 %
Splinting-Basic	1	0.1 %
Suction - endotracheal	1	0.1 %
Suction - upper airway	1	0.1 %
Temperature Measurement (Tympanic)	24	1.8 %
Transported on stretcher secured with belts	139	10.6 %
Transported secured in personal child seat	2	0.2 %
Transported w/belt on captain chair	1	0.1 %
Ventilation assist - BVM	3	0.2 %
Wound Care-General	1	0.1 %

Medications Administered Analysis 192

Albuterol	11	5.7 %
Amiodarone	1	0.5 %
Aspirin	10	5.2 %
Atropine sulfate	1	0.5 %
Dexamethasone sodium phosphate (Decadron)	3	1.6 %
Furosemide (Lasix)	1	0.5 %
Intravenous electrolyte solutions Sodium chloride	31	16.1 %
Naloxone HCL	4	2.1 %
Nitroglycerin spray	10	5.2 %
Nitroglycerin sublingual tablets	1	0.5 %
Oxygen	118	61.5 %
Sodium bicarbonate	1	0.5 %

EMS Assignments Summary

EMS Assignments:	337
Mutual Aid Provided:	5 1.48 %
Mutual Aid Received:	0 0.00 %

No Patient At Scene:	9	2.67 %
<hr/>		
Patient Care Reports:	328	
<hr/>		
Illness Related:	262	79.88 %
<hr/>		
Trauma Related:	41	12.50 %
<hr/>		

ORDINANCE NO. _____

AN ORDINANCE TO APPROVE AN AMENDED LOAN AGREEMENT WITH
THE ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,
REDUCING THE BALANCE OWED BY OVER 26.5%

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970;

WHEREAS, the City of Granite City, in Madison County, Illinois, operates a sewerage collection system, consistent with the provisions of the Local Government Reform Act, 30 ILCS 350/1 et seq.; and

WHEREAS, pursuant to Ordinance 8251, adopted June 21, 2011; Ordinance 8252, adopted July 5, 2011; and Ordinance 8257, adopted August 3, 2011, the Granite City City Council authorized borrowing up to \$9,000,000.00 from the Illinois Water Pollution Control Loan Program; and

WHEREAS, pursuant to some or all of Ordinances 8251, 8252, and 8257, the City of Granite City applied for a loan in the aggregate amount of up to \$9,000,000.00 from the Illinois Water Pollution Control Loan Program, as administered by the Illinois Environmental Protection Agency; and

WHEREAS, the City of Granite City used said borrowed funds to perform sewer improvements, including sewer main lining and replacement, manhole rehabilitation, sealing joints, and other improvements; and

WHEREAS, the Illinois Environmental Protection Agency advises the City of Granite City that prior to the initiation of the loan repayment period, loan disbursements processed for the benefit of the City total \$7,359,185.72, and accrued interest on said loan(s) totaled \$172,339.17, as of October 17, 2014, for a current amount borrowed totaling \$7,531,524.89; and

WHEREAS, as proposed by the Illinois Environmental Protection Agency, Bureau of Water, Infrastructure Financial Assistance Section, the attached loan amendment would forgive \$2,000,000.00 of the total loan amount, and require the City to repay \$5,531,524.89 over a 20-year period, with the first repayment of \$156,723.11, due April 26, 2015; and

WHEREAS, the Granite City City Council finds this loan amendment would result in substantial savings, in the form of a principal forgiveness amount of \$2,000,000.00, benefitting the City and rate

payers of the sewerage collection system improved per the Water Pollution Control Loan Program.

Now, therefore, be it hereby resolved by the City Council of the City of Granite City, Madison County, Illinois, that the Office of the Mayor is authorized to execute and enter into the attached loan amendment with the Illinois Environmental Protection Agency, Bureau of Water, Infrastructure Financial Assistance Section, revising the terms of existing financing of waste water project L174113, with an annual interest rate of 1.25%, and the semi-annual payments as listed on the attached, said payments beginning April 26, 2015, and running through October 26, 2034. Be it further Ordained and resolved that the Office of the Mayor is authorized to execute and enter in to any additional documents reasonably proposed by the Illinois Environmental Protection Agency, to fulfill the intent of this Ordinance. PASSED by the City Council of the City of Granite City, Illinois, this ____ day of December, 2014.

APPROVED: _____
Mayor Ed Hagnauer

ATTEST: _____
City Clerk Judy Whitaker

LENDER:

Illinois Environmental Protection Agency
Bureau of Water
Infrastructure Financial Assistance Section
P.O. Box 19276
1021 North Grand Avenue, East
Springfield, IL 62794-9276

RECIPIENT:

City of Granite City
2000 Edison Avenue
Granite City, IL 62040-4513



FEIN: 376001424

TERMS OF THE LOAN

Previous Loan Amount:	\$8,000,000.00	Construction start:	11/01/2011
This Action:	\$ 0.00	Construction complete:	12/31/2014
Loan amount:	\$8,000,000.00	Initiation of operation:	10/28/2014
Annual fixed loan rate:	1.2500%	Initiation of repayment period:	10/28/2014
Term:	20 years	First repayment due:	04/26/2015
Repayments:	Semi-Annual	Final repayment due:	10/26/2034

LOAN OFFER AND ACCEPTANCE***Offer by the State of Illinois Environmental Protection Agency***

Except as provided herein, and in the accompanying Letter of Transmittal, all terms and conditions of the original Loan Agreement, including prior amendments, remain unchanged and in full force and effect.

	Director	Lisa Bonnett	11/21/14
Agency Signature	Title	Name	Date
By: 	Chief Financial Officer	Carol Radwine	11/21/14
Agency Signature	Title	Name	Date

This offer must be accepted, if at all, on or before 01/16/2015.

Acceptance on behalf of the Borrower

Authorized Representative (Signature)

Date

Name and Title of Authorized Representative (Type or Print)

PROJECT DESCRIPTION

The project consists of sewer rehabilitation which includes the following: sewer cleaning, video inspection and installation of cured-in-place pipe lining to a total of 33,948 linear feet of gravity sewers that range in size from 8-inches to 54-inches in diameter; sewer cleaning, video inspection and joint testing to a total of 15,720 linear feet of combined large diameter gravity sewers that range in size from 72-inches to 108-inches in diameter; sealing 2,588 joints with 130,000 gallons of chemical grout inside the combined large diameter gravity sewers; lining 687 feet of 42-inch arch sewer with HDPE pipe; new manholes; manhole rehabilitation; lining two lift station wet wells; point repairs; pavement, sidewalk, curb and gutter replacement; service laterals and connections; granular backfill and associated construction area restoration. No permit is required for this work. No construction permits are required for this project.

PROJECT BUDGET

	TOTAL	ELIGIBLE
Design Engineering	\$220,000.00	\$220,000.00
Construction Engineering - Juneau Engineering	\$654,000.00	\$654,000.00
Construction - Insituform	\$6,087,616.58	\$6,087,616.58
Construction - SAK	\$4,110,715.10	\$4,110,715.10
Other - PLANNING	\$35,000.00	\$0.00
Contingency	\$216,182.00	\$216,182.00
TOTAL	\$11,323,513.68	\$11,288,513.68

The loan amount is \$8,000,000.00.

OTHER FUNDING SOURCES/COSTS EXCLUDED

None

FINANCIAL SUMMARY

Total Disbursements	\$7,359,185.72
Construction Period Interest	\$172,339.17
Less Principal Forgiveness	\$2,000,000.00
Total Amount Financed	\$5,531,524.89

SPECIAL CONDITIONS

In accordance with the Procedures for Issuing Loans from the Water Pollution Control Loan Program Title 35 Ill. Adm. Code 365.240 (Loan Rules), \$2,000,000.00 of the loan amount will be forgiven by the State of Illinois (State) pursuant to principal forgiveness provisions contained in the Loan Rules. This amount will not change and will not be required to be repaid.

STANDARD CONDITIONS

Please see Attachment A.

Attachment A

Loan Recipient: City of Granite City
L174113

Loan Agreement – Standard Conditions Illinois EPA Water Pollution Control Loan Program

1. PROJECT SCHEDULE

For the purposes of this agreement, the start date will be the date the agreement is executed by the governmental entity and the complete date will be the date of final repayment. Any obligation of the State of Illinois and the Agency to make any disbursement of loan funds shall terminate unless this project work is initiated and completed in accordance with the schedule contained in the Loan Agreement.

2. DISBURSEMENTS

Disbursement requests for project work will be processed based on costs incurred, subject to the appropriation of funds by the Illinois General Assembly. Such disbursement requests will be monitored for compliance with applicable state and federal laws and regulations, including Section 705/4(b)(2) of the Illinois Grant Funds Recovery Act (30 ILCS 705), and shall constitute quarterly reports as required therein by describing the progress of the project and the expenditure of the loan funds related thereto. Any loan funds remaining unexpended in the project account after all application loan conditions have been satisfied and a final loan amendment has been executed shall be returned to the State within forty-five (45) days of the execution date on the final loan amendment. If the loan recipient reimburses their contractor(s) prior to requesting funds from Illinois EPA, the Loan Recipient shall request reimbursement from the Agency within 30 days of reimbursing their contractor(s) in accordance with Internal Revenue Service regulations.

3. REPAYMENT SCHEDULE – Nature of Obligations, Fixed Loan Rate, Interest, Loan Support, Principal Payments and Principal Forgiveness.

a) In accordance with Ill. Adm. Code 365.440, the fixed rate is comprised of interest and loan support, both of which are established annually and reported at the Agency's public hearing. The term "interest" is used in this Loan Agreement as well as future correspondence, repayment schedules, etc. to reflect both interest and loan support.

b) This Loan Agreement has been issued and entered into pursuant to an authorizing ordinance of the loan recipient. The recipient recites that it has taken all required actions to enter into the Loan Agreement and has complied with all provisions of law in that regard.

c) By this Loan Agreement, the loan recipient agrees to repay to the Agency (or, upon notice by the Agency to the loan recipient, the Agency's assignee) the principal amount of the loan with interest on the outstanding and unpaid principal amount of the loan from time to time until repaid in full, all as provided in this Loan Agreement.

d) For purposes of determining the repayment amount, the principal amount of the loan shall be the total amount of loan disbursements made by the Agency under this Loan Agreement, plus interest treated as principal as provided in paragraph (g) below, less the amount of principal forgiveness as may be defined in the special condition(s) of this loan agreement. The amount financed shall not exceed the amount identified in the approved authorizing ordinance.

e) The final principal amount will be determined by the Agency after a final disbursement request, final inspection and project review have been made to ensure all applicable loan conditions have been satisfied.

f) Simple interest on each loan disbursement will begin on the day after the date of the issuance of a warrant by the Comptroller of the State of Illinois.

g) Interest and principal on the loan will be due on the dates and in the amounts as set forth in repayment schedules provided for in this paragraph. Upon the initiation of the loan repayment period, the Agency shall establish and notify the loan recipient of an interim repayment schedule in accordance with the terms of this loan. After the Agency conducts the final review of the costs of the project to establish the final principal amount, the Agency shall establish and notify the loan recipient of a final repayment schedule.

For purposes of calculating the repayment schedules, the Agency shall consider principal of the loan to consist of all unrepaid disbursements plus all unrepaid interest accrued on these disbursements at the time the schedule period begins. Each of these repayment schedules shall provide for repayment installments consisting of principal plus simple interest on the unpaid principal balance. The installment repayment amount may change when the interim repayment schedule is replaced by the final repayment schedule.

h) Interest on each loan disbursement shall be calculated on the basis of the total number of days from the date the interest begins to accrue to the beginning of the repayment period and will be calculated on a daily basis using a 365 day year. All interest due on the principal of the loan during the repayment period is calculated on a periodic basis.

i) The Loan Agreement shall be subject to prepayment at any time in whole or in part, at the option of the loan recipient, by payment of the outstanding principal plus accrued and unrepaid interest on that principal accrued to the date of prepayment.

4. MODIFIED OR SUBSEQUENT ORDINANCES

The ordinance authorizing entry into this Loan Agreement or dedicating the source of revenue shall not be amended or superseded substantively or materially without the prior written consent of the Agency.

5. DBE REPORTING REQUIREMENTS

The loan recipient is required to comply with the Disadvantaged Business Enterprise (DBE) reporting requirements as established and mandated by federal law and implemented in federal code: 40 CFR Part 33. Compliance with the code will necessarily involve satisfaction of the six (6) good faith efforts as set forth in the federal DBE program, and will require the use of the particular contract specifications and language for advertising of the project. More information and guidance on the DBE requirements is available on the IEPA web site at:

<http://www.epa.state.il.us/water/forms.html#financial-assistance>

6. COMPLIANCE WITH ACT AND REGULATIONS

The Agency shall not make any payments under this loan offer if the construction project has been completed and is being operated in violation of any of the provisions of the Clean Water Act, Environmental Protection Act (415 ILCS 5/1 et seq.) or Water Pollution Control Regulations of Illinois (Title 35: Subtitle C: Chapter I: Pollution Control Board Regulations and Chapter II: Agency Regulations) adopted thereunder.

7. FINAL INSPECTION

The loan recipient shall notify the Agency's Infrastructure Financial Assistance Section's (IFAS) Post Construction Unit in writing within 30 days from the construction completion date and shall submit the final change order, along with the contractor's final costs. Within 90 days from the construction completion date the loan recipient shall forward two (2) copies of the final plans of record to the appropriate Agency regional field office along with a formal written request for a final inspection (a copy of the written request shall be sent to the Agency's IFAS Post Construction Unit). The regional field office will contact the loan recipient to schedule the final inspection within 60 days of the written request for a final inspection.

8. OPERATION AND MAINTENANCE OF THE PROJECT

The Agency shall not approve the final inspection for the project unless the loan recipient has certified that the training and operation and maintenance documents have been provided in accordance with 35 Ill. Adm. Code 365.740.

9. FLOOD INSURANCE

Evidence must be provided that flood insurance has been acquired on eligible structures constructed under this Loan Agreement as soon as structures are insurable.

10. DELINQUENT LOAN REPAYMENTS

a) In the event that a repayment is not made by a loan recipient according to the loan schedule of repayment, the loan recipient shall notify the Agency in writing within 15 days after the repayment due date in accordance with 35 Ill. Adm. Code 365.1120 Delinquent Loan Repayments.

b) After the receipt of this notification, the Agency shall confirm in writing the acceptability of the loan recipient's response or take appropriate action.

c) In the event that the loan recipient fails to comply with the above requirements, the Agency shall promptly issue a notice of delinquency which requires a written response within 30 days.

d) Failure to take appropriate action shall cause the Agency to pursue the collection of the amounts past due, the outstanding loan balance and the costs thereby incurred, either pursuant to the Illinois State Collection Act of 1986 (30 ILCS 210) or by any other reasonable means as may be provided by law.

11. SINGLE AUDIT ACT

Federal funds from Capitalization Grants for the Clean Water State Revolving Fund (i.e. see Catalogue of Federal and Domestic Assistance number 66.458), which the Agency receives from the U.S. Environmental Protection Agency, may be used for this loan. Receipt of federal funds may require an annual audit which conforms to the Single Audit Act and O.M.B. Circular A-133. If a Single Audit is required, all loans from both the Clean Water and Drinking Water State Revolving Fund receiving federal funds must be audited and included in the audit report. The Agency will notify the recipient of any federal funds disbursed during the recipient's fiscal year.

12. SUBCONTRACTS UNDER CONSTRUCTION CONTRACTS

The award or execution of all subcontracts by a prime contractor and the procurement and negotiation procedures used by such prime contractor in awarding or executing such subcontracts shall comply with:

- a) All provisions of federal, State and local law.
- b) All provisions of 35 Ill. Adm. Code 365 with respect to fraud and other unlawful or corrupt practices.
- c) All provisions of 35 Ill. Adm. Code 365 with respect to access to facilities, records and audit of records.

13. REQUIREMENTS OF BOND ORDINANCE

If the dedicated source of revenue is pledged in a subordinate position to an existing revenue bond ordinance, the covenants regarding coverage and reserve shall be in accordance with 35 Ill. Adm. Code 365.940.

14. RECORDS RETENTION

The loan recipient agrees to establish and maintain the books and other financial records pertaining to this project in accordance with Generally Accepted Accounting Principles as issued by the Governmental Accounting Standards Board (GASB), including standards relating to the reporting of infrastructure assets per GASB Statement No. 34. The loan recipient shall maintain all books and records pertaining to this project for a period not less than 3 years from the date of the final loan closing. All records pertaining to the issuance of bonds and the repayment of this loan shall be maintained for a period not less than 3 years from the final repayment date. The loan recipient agrees to permit the Agency or its designated representatives, including the Illinois Auditor General and the Illinois Attorney General, to inspect and audit the books and financial records pertaining to the project and the expenditure of the loan funds related thereto.

15. CONTINUING DISCLOSURE

The recipient covenants and agrees that, if at any time the Agency shall notify the recipient that the recipient is deemed to be an "obligated person" for purposes of Rule 15c2-12 adopted by the Securities and Exchange Commission under the Securities Exchange Act of 1934 (the "Rule"), the recipient shall promptly execute an undertaking in form acceptable to the Agency in compliance with the Rule in which the recipient shall agree, among other things, to provide annual financial information (as defined in the Rule) with respect to the recipient to all required information repositories for so long as the recipient shall be deemed an obligated person. The recipient shall be deemed to be an obligated person at any time the aggregate principal amount of one or more of the recipient's

outstanding loans with the Agency, which are pledged to secure bonds issued on behalf of the Agency, exceeds a percentage (currently 20%) of the aggregate principal amount of all loans of the Agency pledged to secure such bonds.

16. WAGE RATE REQUIREMENTS

The loan recipient is required to comply with Wage Rate requirements established in rules issued by the U.S. Department of Labor to implement the Davis-Bacon Wage Act and other related acts (29 CFR Parts 1, 3 and 5). These rules require a number of specific actions by the federal funding recipient (the IEPA), the sub-recipient (the loan recipient) and the contractor, including payroll record certification and reporting as required. More information and guidance on the Davis-Bacon Wage Act requirements are available on the IEPA web site at: <http://www.epa.state.il.us/water/forms.html#financial-assistance>

17. REPORTING REQUIREMENTS

The loan recipient will be required to comply with the volume and frequency of reporting requirements that may be required by the federal or State funding authority.

18. ADDITIONAL COMPLIANCE ITEMS

The loan recipient, prime contractor(s) and subcontractor(s) shall comply with applicable federal funding certifications, non-discrimination statutes, regulations and environmental standards, including but not limited to the following:

- a) The Americans with Disabilities Act of 1990, as amended, and 42 USC 12101
- b) New Restrictions on Lobbying at 40 CFR, Part 34
- c) Immigration and Naturalization Service Employment Eligibility Rules, (I-9 Forms)
- d) False Claims Act – Prompt referral to USEPA's Inspector General of any credible evidence of a false claim or criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving funds under this loan (Loan Recipient Only)
- e) The Coastal Zone Management Act of 1972, 16 U.S.C. 1451 (Loan Recipient Only)

19. CERTIFICATION

By accepting this loan offer, the loan recipient certifies under oath that all information in the loan agreement and the related loan application is true and correct to the best of the loan recipient's knowledge, information and belief, and that the loan funds shall be used only for the purposes described in the loan agreement. This offer of loan funds is conditioned upon such certification.

Attachment B
 Illinois Environmental Protection Agency
 Infrastructure Financial Assistance Section
 Repayment Schedule
 For City of Granite City L17-4113

#	Due Date	Repayment	Interest	Principal	Balance
1	04/26/2015	156,723.11	34,187.90	122,535.21	5,408,989.68
2	10/26/2015	156,723.11	33,806.19	122,916.92	5,286,072.76
3	04/26/2016	156,723.11	33,037.95	123,685.16	5,162,387.60
4	10/26/2016	156,723.11	32,264.92	124,458.19	5,037,929.41
5	04/26/2017	156,723.11	31,487.06	125,236.05	4,912,693.36
6	10/26/2017	156,723.11	30,704.33	126,018.78	4,786,674.58
7	04/26/2018	156,723.11	29,916.72	126,806.39	4,659,868.19
8	10/26/2018	156,723.11	29,124.18	127,598.93	4,532,269.26
9	04/26/2019	156,723.11	28,326.68	128,396.43	4,403,872.83
10	10/26/2019	156,723.11	27,524.21	129,198.90	4,274,673.93
11	04/26/2020	156,723.11	26,716.71	130,006.40	4,144,667.53
12	10/26/2020	156,723.11	25,904.17	130,818.94	4,013,848.59
13	04/26/2021	156,723.11	25,086.55	131,636.56	3,882,212.03
14	10/26/2021	156,723.11	24,263.83	132,459.28	3,749,752.75
15	04/26/2022	156,723.11	23,435.95	133,287.16	3,616,465.59
16	10/26/2022	156,723.11	22,602.91	134,120.20	3,482,345.39
17	04/26/2023	156,723.11	21,764.66	134,958.45	3,347,386.94
18	10/26/2023	156,723.11	20,921.17	135,801.94	3,211,585.00
19	04/26/2024	156,723.11	20,072.41	136,650.70	3,074,934.30
20	10/26/2024	156,723.11	19,218.34	137,504.77	2,937,429.53
21	04/26/2025	156,723.11	18,358.93	138,364.18	2,799,065.35
22	10/26/2025	156,723.11	17,494.16	139,228.95	2,659,836.40
23	04/26/2026	156,723.11	16,623.98	140,099.13	2,519,737.27
24	10/26/2026	156,723.11	15,748.36	140,974.75	2,378,762.52
25	04/26/2027	156,723.11	14,867.27	141,855.84	2,236,906.68
26	10/26/2027	156,723.11	13,980.67	142,742.44	2,094,164.24
27	04/26/2028	156,723.11	13,088.53	143,634.58	1,950,529.66
28	10/26/2028	156,723.11	12,190.81	144,532.30	1,805,997.36
29	04/26/2029	156,723.11	11,287.48	145,435.63	1,660,561.73
30	10/26/2029	156,723.11	10,378.51	146,344.60	1,514,217.13
31	04/26/2030	156,723.11	9,463.86	147,259.25	1,366,957.88
32	10/26/2030	156,723.11	8,543.49	148,179.62	1,218,778.26
33	04/26/2031	156,723.11	7,617.36	149,105.75	1,069,672.51
34	10/26/2031	156,723.11	6,685.45	150,037.66	919,634.85
35	04/26/2032	156,723.11	5,747.72	150,975.39	768,659.46
36	10/26/2032	156,723.11	4,804.12	151,918.99	616,740.47
37	04/26/2033	156,723.11	3,854.63	152,868.48	463,871.99
38	10/26/2033	156,723.11	2,899.20	153,823.91	310,048.08
39	04/26/2034	156,723.11	1,937.80	154,785.31	155,262.77
40	10/26/2034	156,233.16	970.39	155,262.77	0.00
TOTAL:		6,268,434.45	736,909.56	5,531,524.89	

For the purpose of this schedule, the interest period begins on 4/26/2015.

The annual interest rate is 1.2500% which makes the periodic interest rate .625000%.

NOTE: Interest begins to accrue on the first day of each interest period. No interest is accrued on the last day of the interest period.

RESOLUTION TO AUTHORIZE PURCHASE OF LIABILITY
AND OTHER INSURANCE COVERAGE

WHEREAS, the City of Granite City is a Home Rule unit pursuant to Article VII, Section 6, of the Illinois State Constitution of 1970.

WHEREAS, the Granite City City Council finds frugal management and good stewardship of City resources, requires the City of Granite City to seek cost-effective insurance coverage; and

WHEREAS, the Granite City City Council determines that it would expose the tax payers of Granite City to undue risk, to fail to seek cost-effective insurance coverage for the City and its activities; and

WHEREAS, the City of Granite City has, with the assistance of Dimond Bros. Insurance Agency, Inc., solicited and obtained quotes from various insurance carriers for 2015 coverage, including coverages regarding City property, liability, earthquake, workers compensation, and excess liability; and

WHEREAS, the Granite City City Council hereby finds it can obtain coverages described on the attached, for an increase in the existing overall premiums of approximately 2.8%.

NOW, THEREFORE, be it resolved by the City Council of the City of Granite City, Illinois, that the Office of the Mayor, with the assistance of the Office of the Risk Manager and of Dimond Bros. Insurance Agency, Inc., shall purchase insurance coverage for the 2014-2015 annual period, against the types of claims described on the attached, for the premiums described on the attached. Be it further resolved that Dimond Bros. Insurance Agency, Inc., be paid by the City the broker fee described on the attached, of \$30,000. The total premium to be paid and so authorized is approximately \$403,956.

PASSED this _____ day of December, 2014.

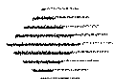
APPROVED: _____
Mayor Edward Hagnauer

ATTEST: _____
City Clerk Judy Whitaker

PREMIUM SUMMARY

<i>Description Of Coverage</i>	<i>2013-2014</i>	<i>2014-2015</i>
Property CNA Insurance	\$ 89,531.00	\$ 98,935.50 Including IL Taxes & Fees
Earthquake Arch Specialty	\$ 33,641.19	\$ 32,543.50
Commercial Liability Brit Global Specialty	\$ 123,000.00 + IL Taxes & Fees	\$ 123,000.00 + IL Taxes & Fees
Workers Compensation Safety National	\$ 84,495.00	\$ 88,073.00
Excess Liability Civic Risk	\$ 54,558.00	\$ 54,448.00
Cyber Liability	N/A	\$ 6,956.00 + IL Taxes & Fees
Broker Fee	\$ 30,000.00	\$ 30,000.00

*All quoted premiums are annual estimates and may change due to year end audits or mid-term policy changes.



Dimond Bros.
Insurance Since 1867

COMMERCIAL PROPERTY SECTION

CNA Insurance, Columbia Casualty Company

AM Best Rating: A (Excellent) XV (\$2 Billion or greater)

Commercial Property		
Policy Features/Coverages	2013-2014	2014-2015
Real Property	\$ 79,805,600.00	Per Schedule
Blanket Personal Property	\$ 10,315,086.00	\$ 10,315,086.00
Inland Marine/Equipment	\$ 715,149.92	\$ 715,149.92
Business Interruption (Gross Earnings)	\$ 1,000,000.00	\$ 1,000,000.00
Flood	\$ 5,000,000.00	\$ 5,000,000.00
Key Provisions:		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000
Flood	\$ 100,000	\$ 100,000
Employee Theft	\$ 1,000	\$ 1,000
Inland Marine Non-Licensed Vehicles and Equipment	\$ 10,000	\$ 10,000
Wind or Hail	\$ 500,000	\$ 500,000
Valuation Method	Repair or Replacement basis or as otherwise outlined in the Policy form. Time Element based on Actual Loss Sustained. 115% Margin Clause Applied to Real Property.	

Arch Specialty Insurance Company

AM Best Rating: A+ (Superior) IX (\$250 Million to \$500 Million)

Earthquake Coverage		
Policy Features/Coverages	2013-2014	2014-2015
Blanket Real Property	\$ 10,000,000	\$ 10,000,000
Key Provisions:		
Self-Insured Retention (All loss or damage except as provided below)	\$ 100,000	\$ 100,000

Changes from expiring property policy are as follows

1. Fire as a result of Earthquake are now excluded on the CNA policy. This is being included on the Earthquake policy written through Arch.
2. Changing from a Blanket Real Property Basis to a Scheduled Basis with 115% Margin Clause.
3. CNA changing to Non-Admitted paper so IL Taxes & Fees are now applicable in addition to premium.

COMMERCIAL CASUALTY SECTION

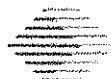
Brit Global Specialty USA

AM Best Rating: A (Excellent) XV (\$2 Billion or greater)

<i>Commercial Automobile</i>		
Policy Features/Coverages	2013-2014	2014-2015
Combined Bodily Injury & Property Damage Liability	\$ 1,000,000	\$ 1,000,000
Uninsured Motorists	\$ 40,000	\$ 40,000
Underinsured Motorists	\$ 40,000	\$ 40,000
Medical Payments -Each Person	\$ 5,000	\$ 5,000
Non-Owned and Hired Auto	Included	Included
Physical Damage (see attached schedule)	APD on all vehicles per schedule with \$2,000,000 limit	APD on all vehicles per schedule with \$2,000,000 limit
Key Provisions:		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000

<i>Commercial General Liability</i>		
Policy Features/Coverages	2013-2014	2014-2015
Each Occurrence	\$ 1,000,000	\$ 1,000,000
General Aggregate	\$ 3,000,000	\$ 3,000,000
Key Provisions:		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000

<i>Sexual Harrassment Liability</i>		
Policy Features/Coverages	2013-2014	2014-2015
Each Occurrence	\$ 1,000,000	\$ 1,000,000
General Aggregate	\$ 3,000,000	\$ 3,000,000
Key Provisions:		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000



Dimond Bros.
Insurance Since 1867

<i>Sexual Abuse Liability</i>		
Policy Features/Coverages	2013-2014	2014-2015
Each Occurrence	\$ 1,000,000	\$ 1,000,000
General Aggregate	\$ 3,000,000	\$ 3,000,000
<i>Key Provisions:</i>		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000

<i>Public Officials Miscellaneous Liability</i>		
Policy Features/Coverages	2013-2014 Occurrence/Aggregate	2014-2015 Occurrence/Aggregate
All Coverages under Section IV	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000
Errors and Omissions Retroactive Date: 12/31/2002	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000
Employment Practices Liability Retroactive Date: 12/31/2002	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000
Sexual Harassment Liability Retroactive Date: 12/31/2002	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000
Sexual Abuse Liability Retroactive Date: 12/31/2002	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000
<i>Key Provisions:</i>		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000

<i>Employee Benefits Liability</i>		
Policy Features/Coverages	2013-2014	2014-2015
All Coverages under Section VI	\$ 1,000,000	\$ 1,000,000
General Aggregate	\$ 3,000,000	\$ 3,000,000
<i>Key Provisions:</i>		
Self-Insured Retention (All loss or damage except as provided below)	\$ 50,000	\$ 50,000



Dimond Bros.
Insurance Since 1867

Law Enforcement Activities Liability		
Policy Features/Coverages	2013-2014 Occurrence/Aggregate	2014-2015 Occurrence/Aggregate
All Coverages under Section VIII	\$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000
Sexual Harassment Liability	\$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000
Sexual Harassment Liability	\$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000
Key Provisions:		
Self Insured Retention	\$ 100,000	\$ 100,000
Reimbursement of Defense Costs Incurred Prior to Denial or Declination of Coverage: \$ 5,000 ground up any one ASSURED \$10,000 ground up per OCCURRENCE \$25,000 Annual Aggregate		



Dimond Bros.
Insurance Since 1867

WORKERS COMPENSATION SECTION

Safety National Casualty Corporation

AM Best Rating: A+ (Superior) XII (\$1 Billion to \$1.25 Billion)

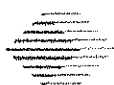
<i>Workers Compensation</i>		
Policy Features/Coverages	2013-2014	2014-2015
Employers Liability-Each Occurrence	\$ 2,000,000	\$ 2,000,000
Employers Liability-Aggregate	\$ 2,000,000	\$ 2,000,000
Key Provisions:		
Self-Insured Retention	\$ 650,000	\$ 650,000

Payroll Reporting Period: 12/31/2014 thru 12/31/2015

Payroll Used: \$15,101,735 (per the 2012-2013 Payroll Audit completed in 2014)

Premium Rate: \$0.05832 per \$100 of payroll

* Quote expires 1 day after Payroll Reporting Period effective date.



Dimond Bros.
Insurance Since 1867

EXCESS LIABILITY SECTION

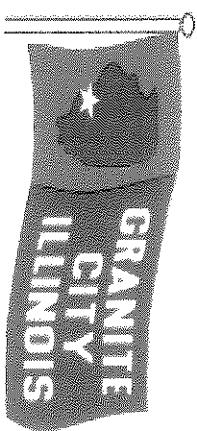
Civic Risk, National Casualty Company

AM Best Rating: A+ (Superior) XV (\$2 Billion of greater)

<i>Commercial Umbrella</i>		
Policy Features/Coverages	2013-2014	2014-2015
Each Occurrence	\$ 9,000,000	\$ 9,000,000
Annual Aggregate	\$ 9,000,000	\$ 9,000,000
<i>Provides coverage in excess of:</i>		
General Liability	YES	YES
Automobile Liability	YES	YES
Employers Liability	YES	YES
Public Officials Liability	YES	YES
Law Enforcement Liability	YES	YES



Dimond Bros.
Insurance Since 1867

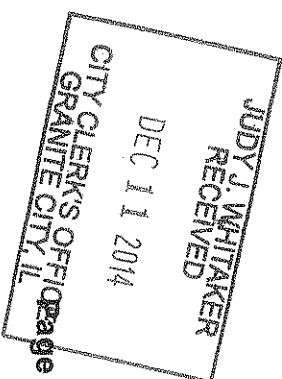


Office of Risk Management

Lynnette Kozey, Risk Manager
Granite City, IL. 62040

1/1/14 - 12/13/14

Worker's Compensation, Liability, Property Reports



Lost Time

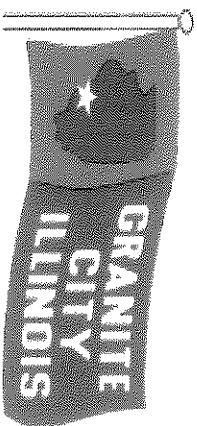
Employee	Depart.	First Day Off Duty	Total Off Days	Acc. Date	Light Days	Incident	Treatment/Injury/Body Part
Atchison, D	Police	4/26/2013	318	09/03/09		Auto accident	Neck injury, Surgery
Greco, R	W/WTP	9/24/2013	218	09/24/13		Lifting samples out of truck	Rt. Shoulder, Surgery
Schroeder, H	P.W.	12/24/2013	204	9/28/2012		Picking up Brush	Neck injury, Surgery
Davis, P	P.W.	4/28/2014	160	4/28/2014		Lifted trailer to replace pin	Shoulder surgery
Morris, J	Fire	10/7/2014	25	07/11/14		Subduing combative patient	Rt. Shoulder

Currently Off Duty

Light Duty

Employee	Dept.	First Day on Light	Off Work Days	Acc. Date	Light Days	Incident	Treatment/Injury/Body Part
Strack, S	Fire	1/10/2014	10	1/10/2014	27	Lifting fan from compartment	Lower back
Gorton, D	Fire	5/8/2014	13	04/26/14	4	Lifting obese patient	Lower back
Leverich, T	Fire	6/16/2014	0	03/26/14	10	Lifting obese patient	Lower back
Morris, J	Fire	10/13/2014	44	07/11/14	23	Subduing combative patient	Rt. Shoulder

Currently on Light



Office of Risk Management

Lynnette Kozel, Risk Manager
Granite City, IL 62040

1/1/14 - 12/13/14

Worker's Compensation, Liability, Property Reports

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No Lost Time - Incident Only

Employee	Dept.	Date	Medical/1st Aid	Incident	Treatment/ Injury/Body Part
May, D	Police	1/7/2014	No	Training, fell to floor	Multiple parts
Michelle, T	P.W.	1/7/2014	Yes	Hammering spreader	Elbow injury
Miles, K	Fire	1/24/2014	Yes	Extrication tool snapped back	Rt. Arm and Shoulder
Greco, R	WWTP	1/28/2014	Yes	Alleges repetitive trauma	Surgery/Denied
Roberts, B	WWTP	1/31/2014	Yes	Cleaning equipment with acid	Burn to chest
Michelle, T	P.W.	2/17/2014	Yes	Fell on ice in parking lot	Head injury
Benton, L	Fire	2/27/2014	Yes	Water rescue training	Passed out, fell to concrete
Wilder, K	P.W.	3/3/2014	Yes	Foreign body in Rt. Eye	Ophthalmologist visit
Shurtz, D	Fire	4/18/2014	Yes	Training, debris in eye, irritation	Lt. Eye
Gibbons, L	Police	4/23/2014	Yes	Inhalation from fire rescue	Throat and Ears
Adams, R	P.W.	5/6/2014	Yes	Jetting main line sewer	Shoulder strain
Ferry, J	E.D.	5/9/2014	Yes	Stepped onto uneven pavement	Ankle sprain
Gagich, M	Police	5/19/2014	Yes	Altercation with homeowner	Back, left leg
Wilson, S	P.W.	5/23/2014	Yes	Foreign body in Rt. Eye	Ophthalmologist visit
Nicolussi, J	Police	6/8/2014	No	Altercation with suspect	Lower torso
Crouch, K	WWTP	6/25/2014	Yes	Inhalation of fumes	Hyperventilation
O'Neil, T	Fire	7/6/2014	Yes	Bloodborne exposure from patient	Protocol followed
Bennion, L	Fire	7/10/2014	Yes	Fell into grate, abrasions, lacerations	Shin, both elbows, forearm
Christian, J	P.W.	7/11/2014	Yes	Poison Ivy contact, grass cutting	Arms and ankles
Morris, J	Fire	7/11/2014	Yes	Subduing combative patient	Rt. Shoulder
Kendall, C	P.W.	7/16/2014	Yes	Poison Ivy contact, grass cutting	Right Forearm
Luongrath, H	P.W.	7/17/2014	Yes	Poison Ivy contact, grass cutting	Multiple parts
Holmes, F	P.W.	9/4/2014	Yes	Capturing a Dog with a snare, Bite	Left lower leg
Knight, C	Police	9/4/2014	Yes	Moving water at a scene, Strain	Glute muscle
Watts, K	WWTP	8/26/2014	Yes	Heat Exhaustion	IV Hydration
Nicolussi, N	Police	10/26/2014	No	Squad struck from behind	Head, neck, jaw



Office of Risk Management

Lynnette Kozar, Risk Manager
Granite City, IL. 62040

1/1/14 - 12/13/14

Worker's Compensation, Liability, Property Reports

Page 3

Liability

Location	Date	Damages; Injury	Cost/Denial	Cause	Treatment/Injury/Body Part
2 Terrace Lane	01/03/14	Damaged Pipes	None	Snow plow struck water meter	No permanent injuries
Multiple falls on stairs	01/09/14	Minor	None	Salt mixed with cleaner, slippery	
City Hall Steps	01/10/14	Unknown	Denied	Fell on City Hall inside steps	
Legacy Drive	01/12/14	Sprinkler	\$ 58.00	Snow Plow struck sprinkle	Unknown
Kilaney at Zipple	01/28/14	Multiple	Denied	Fell on raised sidewalk	Fx Patella and wrist, sprains
Jill @ Myrtle	03/07/14	Fx elbow & Foot	Denied	Fell on broken curb	Elbow and Foot
3111 Wayne	04/03/14	Vehicle	Denied	Pot hole struck, road construction	None
3004 Indiana	04/03/14	Unknown	Denied	Sewer backup , excessive rain	None
27th & Iowa	04/08/14	Elbow and wrist	Denied	Fell on raised sidewalk, 1 inch	Rt elbow and wrist
1524 Garfield	04/13/14	Carpet, furniture	Denied	Sewer Backup	Excessive Rain
2004 Lindell	05/24/14	Property	Denied	Sewer Backup	None
Port District entrance	06/10/14	Vehicle	Denied	Vehicle struck pothole	None
2227 Bryan	09/01/14	Furniture	Denied	Sewer backup , rain	None
14th Street	11/10/14	Auto	Denied	Vehicle struck manhole lid	None
Maryville @ Woodlawn	12/04/14	Auto	\$ 3,500.00	Vehicle struck lift station cover open	None



Office of Risk Management

Lynnette Kozer, Risk Manager
Granite City, Il. 62040

1/1/14 - 12/13/14

Worker's Compensation, Liability, Property Reports

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Auto/Property

Location	Date	Dept./Property	Cost/Denial	Damages	Payment/Injury/Body Part
20th & Iowa	1/2/2014	P.W.	Minor	Vehicle struck Snow Plow	None
20th at Iowa	01/02/14	P.W.	Minor	Plow struck vehicle	None
#2 Terrace Lane	01/03/14	P.W.	Minor	Plow struck water meter	None
Stradford & Mockingbird	1/16/2014	P.W.	denied	Vehicle struck rebar in roadway	None
3732 Nameoki Rd	01/17/14	Police	Minor	Vehicle struck squad	None
2159 Madison Ave	2/5/2014	Police	Minor	Squad struck vehicle	None
Hodges Ave	2/5/2014	P.W.	Minor	Plow struck vehicle	None
2715 Center	4/1/2014	P.W.	\$ 1,924.00	Vehicle backed into Insp. Car	Paid by Country Companies
2159 Madison Ave	4/2/2014	P.W.	Minor	Vehicle backed into City car	None
2330 Madison Ave	4/11/2014	Police	\$566.20	Squad backed into squad	Paid by Police Department
2159 Madison Ave	5/4/2014	Police	Minor	Squad backed into vehicle	None
11203 & Union	05/18/14	Police	\$ 10,009.00	Intoxicated driver struck squad	Paid by Allstate
Lincoln @ Nameoki Rd	05/23/14	Police	\$ 427.00	Squad backed into vehicle	Paid by Police Department
15 Perigen	5/26/2014	IT	\$ 509.00	Broken vehicle windshield	Paid by IT
19th & Niedringhaus	6/4/2014	Street		Truck knocked down traffic signal	Drivers Insurance billed
24th & Madison Ave.	10/26/2014	Police	\$ 4,130.00	Squad struck by Brooklyn Squad	Brooklyn Insurance pursued

**Resolution Approving Amendment to
Sale Agreement for 1511 Johnson Road**

WHEREAS, the City of Granite City, Illinois, is a Home Rule Unit pursuant to the provisions of Section 6 of Article VII of the 1970 Illinois Constitution; and

WHEREAS, The City of Granite City ("City" or "Seller") has executed a Purchase Terms Agreement ("Agreement") by and between CDI Development Services , L.L.C ("Purchaser"); and

WHEREAS, the Agreement governs the purchase of 1511 Johnson Road ("Property"), Granite City, Illinois for Two Hundred Sixty Five Thousand and 00/100 Dollars (\$265,000.00); and

WHEREAS, Section 4 of the Agreement allowed the Purchaser a One Hundred Twenty (120) day Due Diligence Period in which Purchaser was to investigate the Property to determine its suitability for commercial purposes; and

WHEREAS, Section 4(c) allows Purchaser to extend the Due Diligence Period for up to two (2) periods of sixty (60) days each by paying an additional Five Thousand (\$5,000.00) Dollars which becomes part of the Earnest Money Deposit (\$20,000.00) such extension makes the Earnest Money Deposit non-refundable to Purchaser for any reason other than Seller's Intended User-based termination pursuant to Section 4(a) or the failure of any of the conditions to Closing set forth in Subsection 6(a)(iii) through 6(a)(ix); and

WHEREAS, Purchaser proposed a First Amendment to Purchase and Sale Agreement ("Amendment") which allowed the 120-day Due Diligence Period to be extended for an additional Eighty Three (83) days without payment to City of additional Earnest Money Deposit required under the Agreement;; and

WHEREAS, at the end of the 83 day extension the parties would have reverted to the terms of the Agreement and proceeded according to the two (2) sixty (60) day extension periods; and

WHEREAS, after consideration, the City Council rejected the Purchaser proposal and suggested changes to the Amendment which were then rejected by the Purchaser at which point Purchaser terminated the Contract; and

WHEREAS, both parties have reconsidered their positions and would like to reinstate the previously executed Agreement and execute the Amendment allowing the Purchaser to extend the Due Diligence Period until January 27, 2015 without requiring the Purchaser to pay any additional escrow monies; and

WHEREAS, on January 27, 2015 the terms of the Agreement, specifically Section 4(c) which requires the Purchaser to extend the terms of the Agreement for up to two (2) periods of sixty (60) days by paying an additional Five Thousand (\$5,000.00) Dollars which becomes part of the Earnest Money Deposit (\$20,000.00) such extension makes the Earnest Money Deposit non-refundable to Purchaser for any reason other than Seller's Intended User-based termination pursuant to Section 4(a) or the failure of any of the conditions to Closing set forth in Subsection 6(a)(iii) through 6(a)(ix), will govern; and

WHEREAS, by execution of the Amendment the City agrees to allow an extension of the Due Diligence Period, up to and including January 27, 2015, during which time the Purchaser will continue to determine the acceptability of the Property for Purchaser's intended use; and

WHEREAS, the City has determined that 1511 Johnson Road is an important property with regard to the infrastructure and landscape of one of the City's main thoroughfares and revitalization of this Property is in the best interest of the citizens of Granite City; and

WHEREAS, the City Council must approve the Amendment prior to its execution and authorize the Mayor and the Legal Department to finalize the details on behalf of the City of Granite City.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Granite City finds the Amendment proposed by CDI to be satisfactory in the form provided subject to the changes indicated by Council, and authorizes the Mayor to finalize the details and execute the Amendment.

Passed by the City Council of the City of Granite City this 16th day of December, 2014.

Approved by the Mayor of the City of Granite City this 16th day of December, 2014.

Mayor Edward Hagnauer

City Clerk

82448

DEPARTMENT TOTALS
DEPARTMENT: 10 -01 MAYOR

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		9 CHECK(S)		9 CHECK(S)	
NET -		0.00		0.00		0.00		11234.84		11234.84
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		18437.87		18437.87
RETIRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1250.00	0.00	1250.00
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	508.30	16771.20	508.30	16771.20
TIF ADMIN -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.67	0.00	416.67
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	193.75	0.00	193.75
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	2.56	2.54
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	790.00	0.00	790.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.94	0.00	39.94
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.58	0.00	61.58
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.61	0.00	39.61
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.84	0.00	7.84
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.84	0.00	7.84
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.24	0.00	22.24
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.83	0.00	43.83
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1125.00	0.00	1125.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	1907.42	680.15	1907.42	680.15
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	15648.03	1882.60	15648.03	1882.60
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	15648.03	760.52	15648.03	760.52
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	18243.18	1131.06	18243.18	1131.06
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	18243.18	264.53	18243.18	264.53
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -02 CITY CLERK

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)		4 CHECK(S)	
NET -	0.00		0.00		0.00		5098.27		5098.27	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		7704.46		7704.46
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	346.64	7554.46	346.64	7554.46
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	5.12	5.08	5.12	5.08
IPPEA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.88	0.00	79.88
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.48	0.00	22.48
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.68	0.00	15.68
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40	0.00	28.40
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	972.31	346.70	972.31	346.70
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.00	0.00	120.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	7186.88	888.82	7186.88	888.82
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	7186.88	372.83	7186.88	372.83
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	7533.58	467.09	7533.58	467.09
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	7533.58	109.23	7533.58	109.23
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
DEPARTMENT: 10 -03 LEGISLATIVE - ALDERM

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		10 CHECK(S)		10 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		2084.32		2084.32
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		2633.30		2633.30
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	45.00	2633.30	45.00	2633.30
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27	1.28	1.27
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	166.15	59.25	166.15	59.25
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	2574.05	156.54	2574.05	156.54
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	2574.05	130.42	2574.05	130.42
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	2633.30	163.30	2633.30	163.30
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	2633.30	38.20	2633.30	38.20
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -04 TREASURER

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)		3 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		3553.25		3553.25
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		5983.43		5983.43
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	259.98	5983.43	259.98	5983.43
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.51	0.00	21.51
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.78	0.00	80.78
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	2.56	2.54
IPPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.20	0.00	220.20
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.94	0.00	39.94
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00	0.00	21.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101.26	0.00	101.26
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.83	0.00	43.83
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	755.12	269.25	755.12	269.25
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	5493.98	776.85	5493.98	776.85
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	5493.98	270.28	5493.98	270.28
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	5983.43	370.98	5983.43	370.98
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	5983.43	86.76	5983.43	86.76
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)		3 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		3329.54		3329.54
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		4895.08		4895.08
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	216.62	4670.08	216.62	4670.08
WC ED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00	0.00	225.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27	1.28	1.27
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.94	0.00	39.94
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64.25	0.00	64.25
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.84	0.00	7.84
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	617.76	220.28	617.76	220.28
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.66	0.00	16.66
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	4502.71	518.85	4502.71	518.85
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	4502.71	225.13	4502.71	225.13
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	4722.99	292.83	4722.99	292.83
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	4722.99	68.49	4722.99	68.49
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS

DEPARTMENT: 10 -06 IT DEPARTMENT

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)		3 CHECK(S)	
NBR CHECKS -										
NET -	0.00		0.00		0.00		4711.47		4711.47	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		7165.62		7165.62
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	259.98	7015.62	259.98	7015.62
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
IPPEA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31.35	0.00	31.35
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.70	0.00	134.70
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.48	0.00	22.48
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVERS 457%-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	179.38	0.00	179.38
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	904.31	322.45	904.31	322.45
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	6456.61	833.64	6456.61	833.64
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	6456.61	322.83	6456.61	322.83
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	6958.44	431.42	6958.44	431.42
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	6958.44	100.90	6958.44	100.90
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -07 POLICE

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		75 CHECK(S)		75 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		271719.77		271719.77
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		423019.48		423019.48
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	6239.53	191550.34	6239.53	191550.34
HOURLY PAY -	0.00	0.00	0.00	0.00	0.00	0.00	26.00	214.50	26.00	214.50
SHORT/CHG -	0.00	0.00	0.00	0.00	0.00	0.00	48.00	1508.21	48.00	1508.21
REIM OT -	0.00	0.00	0.00	0.00	0.00	0.00	58.00	2952.88	58.00	2952.88
OVERTIME PA-	0.00	0.00	0.00	0.00	0.00	0.00	456.00	21785.69	456.00	21785.69
COURT TIME -	0.00	0.00	0.00	0.00	0.00	0.00	8.50	555.44	8.50	555.44
C O R -	0.00	0.00	0.00	0.00	0.00	0.00	201.00	8680.00	201.00	8680.00
HOLIDAY -	0.00	0.00	0.00	0.00	0.00	0.00	412.00	19262.68	412.00	19262.68
RANK DIFF -	0.00	0.00	0.00	0.00	0.00	0.00	164.00	441.86	164.00	441.86
DISPATCH 2 -	0.00	0.00	0.00	0.00	0.00	0.00	305.00	244.00	305.00	244.00
SHIF/DIFF3 -	0.00	0.00	0.00	0.00	0.00	0.00	1621.50	1053.98	1621.50	1053.98
WC ED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00	0.00	175.00
INJURED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1699.58-	0.00	1699.58-
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00	0.00	450.00
RETRO--REG -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160396.27	0.00	160396.27
RETRO--OTH -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13710.97	0.00	13710.97
LIEU OF -	0.00	0.00	0.00	0.00	0.00	0.00	84.00	1737.24	84.00	1737.24
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	0.00	250.00
PBPA CHIEF -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	0.00	60.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.37	0.00	600.37
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	493.82	0.00	493.82
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	459.32	0.00	459.32
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	62.72	62.23	62.72	62.23
AMER HERITA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42.65	0.00	42.65
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1501.00	0.00	1501.00
PBPA LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2612.50	0.00	2612.50
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	439.34	0.00	439.34
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00	0.00	20.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.79	0.00	56.79
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1250.12	0.00	1250.12
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
POLICE/FIRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138.74	0.00	138.74
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.48	0.00	22.48
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	161.52	0.00	161.52
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.21	0.00	48.21
CHLD SUPPOR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	510.51	0.00	510.51
CHILD SUPP -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	0.00	250.00
CHLDDAWES -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	350.00	0.00	350.00
CHILD SUPPO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	468.00	0.00	468.00
CHILD SUPPO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	337.50	0.00	337.50
DIVERS 457%-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2801.80	0.00	2801.80
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00	5.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	348.00	0.00	348.00

PAYROLL HISTORY REPORT
 SORTED BY DEPARTMENT

PRIN LOAN -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.68	0.00	57.68
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.60	0.00	80.60
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	665.00	0.00	665.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	3717.71	1325.65	3717.71	1325.65
POL PENSION-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32579.75	0.00	32579.75
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.39	0.00	67.39
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	383824.62	76078.14	383824.62	76078.14
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	383824.62	19065.03	383824.62	19065.03
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	29751.78	1844.60	29751.78	1844.60
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	415238.04	6020.97	415238.04	6020.97
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

FIRE & AMBULANCE

[illegible]

12/11/2014 11:23 AM

PAYROLL NO#: 01 - City of Granite City

P A Y R O L L H I S T O R Y

SORTED BY DEPARTMENT

R E P O R T

PAGE: 10

DATE: 12/01/2014 THRU 12/15/2014

OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.42	0.00	270.42
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64.50	0.00	64.50
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	240070.22	43579.67	240070.22	43579.67
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	240070.22	11871.99	240070.22	11871.99
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	2106.34	130.59	2106.34	130.59
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	225545.46	3270.38	225545.46	3270.38
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
DEPARTMENT: 10 -09 CIVIL DEFENSE

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -	0.00		0.00		0.00		0.00		0.00	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -11 SAFETY

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)		2 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		2614.10		2614.10
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		3906.71		3906.71
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	173.32	3906.71	173.32	3906.71
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.94	0.00	27.94
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54	2.56	2.54
IPPEA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.94	0.00	39.94
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	493.03	175.80	493.03	175.80
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	3645.91	477.98	3645.91	477.98
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	3645.91	182.29	3645.91	182.29
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	3831.71	237.56	3831.71	237.56
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	3831.71	55.56	3831.71	55.56
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS										
DEPARTMENT: 10 -12 BUILDING & ZONING										
1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **		
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		11 CHECK(S)		11 CHECK(S)	
NET -	0.00		0.00		0.00		13176.07		13176.07	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		22663.56		22663.56
RETIRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2500.00	0.00	2500.00
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	953.26	19938.56	953.26	19938.56
WC ED -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	0.00	75.00
DECLINE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	0.00	200.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.49	0.00	25.49
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	8.96	8.89	8.96	8.89
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1050.00	0.00	1050.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279.58	0.00	279.58
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.61	0.00	39.61
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.40	0.00	96.40
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.68	0.00	15.68
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.40	0.00	28.40
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.39	0.00	56.39
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1225.00	0.00	1225.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	2860.15	1019.87	2860.15	1019.87
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.64	0.00	19.64
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.07	0.00	13.07
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98	0.00	50.98
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	19093.76	2549.93	19093.76	2549.93
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	19093.76	945.84	19093.76	945.84
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	22388.63	1388.08	22388.63	1388.08
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	22388.63	324.64	22388.63	324.64
ETC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS										
DEPARTMENT: 10 -13 PUBLIC WORKS										
	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		30 CHECK(S)		30 CHECK(S)	
NET -	0.00		0.00		0.00		46803.63		46803.63	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		72166.96		72166.96
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	2426.48	67450.47	2426.48	67450.47
CALL OUT -	0.00	0.00	0.00	0.00	0.00	0.00	115.00	4615.49	115.00	4615.49
RANK DIFF -	0.00	0.00	0.00	0.00	0.00	0.00	124.00	69.00	124.00	69.00
CDL LIC -	0.00	0.00	0.00	0.00	0.00	0.00	64.00	32.00	64.00	32.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	20.48	20.32	20.48	20.32
IPPPA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
AFSCME 31 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.94	0.00	39.94
TEAMSTERS52-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	945.00	0.00	945.00
LABORER 397-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	546.00	0.00	546.00
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107.44	0.00	107.44
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.52	0.00	23.52
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPP -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	262.20	0.00	262.20
CHILD SUPP -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHILD SUPP -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00	0.00	300.00
CHILD SUPPO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	240.00	0.00	240.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	0.00	130.00
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	9107.46	3247.50	9107.46	3247.50
VOL ADD CON-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	254.20	0.00	254.20
ALLST-PRETA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.16	0.00	35.16
2%-LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	614.63	0.00	614.63
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	68689.46	9516.52	68689.46	9516.52
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	68689.46	3410.13	68689.46	3410.13
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	72166.96	4474.35	72166.96	4474.35
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	72166.96	1046.42	72166.96	1046.42
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
DEPARTMENT: 10 -14 SANITATION/INSPECTIO

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 10 -23 SUMMER PART-TIME HEL

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -	0.00		0.00		0.00		0.00		0.00	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -	0.00		0.00		0.00		0.00		0.00	
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 15 -01 CINEMA

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		15 CHECK(S)		15 CHECK(S)	
NBR CHECKS	-										
NET	-	0.00		0.00		0.00		7444.71		7444.71	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS	-		0.00		0.00		0.00		10428.24		10428.24
SALARY	-	0.00	0.00	0.00	0.00	0.00	0.00	173.34	7313.90	173.34	7313.90
HOURLY PAY	-	0.00	0.00	0.00	0.00	0.00	0.00	376.19	3114.34	376.19	3114.34
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00
HLTH SNG AF-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.47	0.00	44.47
DENTAL AFTE-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F	-	0.00	0.00	0.00	0.00	0.00	0.00	923.01	329.12	923.01	329.12
TAXES		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	-	0.00	0.00	0.00	0.00	0.00	0.00	10029.65	1304.30	10029.65	1304.30
STATE W/H	-	0.00	0.00	0.00	0.00	0.00	0.00	10029.65	488.21	10029.65	488.21
FICA	-	0.00	0.00	0.00	0.00	0.00	0.00	10358.77	642.23	10358.77	642.23
MEDICARE	-	0.00	0.00	0.00	0.00	0.00	0.00	10358.77	150.20	10358.77	150.20
EIC CREDIT	-		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
DEPARTMENT: 30 -36 MOTOR FUEL FUND PROJ

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NBR CHECKS -										
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 70 -55 PAYROLL

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		32 CHECK(S)		32 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		58020.54		58020.54	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		0.00		0.00		91662.57		91662.57
SALARY -		0.00	0.00	0.00	0.00	0.00	0.00	2513.16	82067.14	2513.16	82067.14
OVERTIME PA-		0.00	0.00	0.00	0.00	0.00	0.00	154.00	6553.08	154.00	6553.08
CALL OUT -		0.00	0.00	0.00	0.00	0.00	0.00	8.00	360.12	8.00	360.12
RANK DIFF -		0.00	0.00	0.00	0.00	0.00	0.00	328.00	669.12	328.00	669.12
SHIF/DIFF2 -		0.00	0.00	0.00	0.00	0.00	0.00	312.00	124.80	312.00	124.80
SHIF/DIFF3 -		0.00	0.00	0.00	0.00	0.00	0.00	351.00	263.25	351.00	263.25
SUN PREM -		0.00	0.00	0.00	0.00	0.00	0.00	172.00	223.40	172.00	223.40
LIC CERT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	951.66	0.00	951.66
DECLINE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00	0.00	450.00
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1050.00	0.00	1050.00
HLTH SNG PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00	150.00
HLTH SNG AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	123.42	0.00	123.42
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.54	0.00	35.54
ST FARM INS-		0.00	0.00	0.00	0.00	0.00	0.00	29.44	29.21	29.44	29.21
IPPPA 457 P-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	490.00	0.00	490.00
ENG LOCAL39-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	2194.00	0.00	2194.00
UNITED WAY -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.50	0.00	37.50
DENTAL PRE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	747.42	0.00	747.42
DENTAL AFTE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AMERITAS PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.16	0.00	38.16
AMERITAS AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL PRE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.44	0.00	120.44
DENTAL AFT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.81	0.00	19.81
CHILD SUPP -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	410.04	0.00	410.04
CHAPTER 13 -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	441.25	0.00	441.25
GARN FEE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50	0.00	297.50
PRIN 457% -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	165.54	0.00	165.54
LOAN PYMT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.45	0.00	28.45
PRINCIPAL -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.29	0.00	103.29
MISC -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -		0.00	0.00	0.00	0.00	0.00	0.00	11567.85	4124.82	11567.85	4124.82
ALLST-PRETA-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALLST-TAXAB-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00
MELLON ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00	0.00	45.00
TAXES		TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-		0.00	0.00	0.00	0.00	0.00	0.00	84622.90	11843.15	84622.90	11843.15
STATE W/H -		0.00	0.00	0.00	0.00	0.00	0.00	84622.90	4150.22	84622.90	4150.22
FICA -		0.00	0.00	0.00	0.00	0.00	0.00	89506.55	5549.43	89506.55	5549.43

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MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	89506.55	1297.84	89506.55	1297.84
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

DEPARTMENT TOTALS
 DEPARTMENT: 71 -30 INDUSTRIAL PRETREATM

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		1 CHECK(S)		1 CHECK(S)	
NBR CHECKS -											
NET -		0.00		0.00		0.00		1522.29		1522.29	
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	
GROSS -		0.00		0.00		0.00		2648.04		2648.04	
SALARY -	0.00	0.00	0.00	0.00	0.00	0.00	86.66	2600.75	86.66	2600.75	
LIC CERT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.29	0.00	47.29	
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	25.00	
ST FARM INS-	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27	1.28	1.27	
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	0.00	200.00	
ENG LOCAL39-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.25	0.00	72.25	
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
DENTAL PRE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.78	0.00	19.78	
DENTAL AFTE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
I.M.R.F -	0.00	0.00	0.00	0.00	0.00	0.00	334.18	119.16	334.18	119.16	
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	2284.10	374.93	2284.10	374.93	
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	2284.10	114.21	2284.10	114.21	
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	2603.26	161.40	2603.26	161.40	
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	2603.26	37.75	2603.26	37.75	
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00	

REPORT TOTALS

		1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		254 CHECK(S)		254 CHECK(S)	
NET -		0.00		0.00		0.00		594379.10		594379.10	
EARNINGS		HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -			0.00		0.00		0.00		921924.06		921924.06
RETIRE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	3750.00	0.00	3750.00
SALARY -		0.00	0.00	0.00	0.00	0.00	0.00	20265.78	580501.60	20265.78	580501.60
HOURLY PAY -		0.00	0.00	0.00	0.00	0.00	0.00	402.19	3328.84	402.19	3328.84
SHORT/CHG -		0.00	0.00	0.00	0.00	0.00	0.00	48.00	1508.21	48.00	1508.21
REIM OT -		0.00	0.00	0.00	0.00	0.00	0.00	58.00	2952.88	58.00	2952.88
TIF ADMIN -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	416.67	0.00	416.67
OVERTIME PA-		0.00	0.00	0.00	0.00	0.00	0.00	610.00	28338.77	610.00	28338.77
COURT TIME -		0.00	0.00	0.00	0.00	0.00	0.00	8.50	555.44	8.50	555.44
CALL OUT -		0.00	0.00	0.00	0.00	0.00	0.00	200.00	8192.91	200.00	8192.91
C O R -		0.00	0.00	0.00	0.00	0.00	0.00	201.00	8680.00	201.00	8680.00
HOLIDAY -		0.00	0.00	0.00	0.00	0.00	0.00	1108.00	46907.42	1108.00	46907.42
RANK DIFF -		0.00	0.00	0.00	0.00	0.00	0.00	1864.00	3613.36	1864.00	3613.36
SHIF/DIFF2 -		0.00	0.00	0.00	0.00	0.00	0.00	312.00	124.80	312.00	124.80
SHIF/DIFF3 -		0.00	0.00	0.00	0.00	0.00	0.00	351.00	263.25	351.00	263.25
CDL LIC -		0.00	0.00	0.00	0.00	0.00	0.00	64.00	32.00	64.00	32.00
DISPATCH 2 -		0.00	0.00	0.00	0.00	0.00	0.00	305.00	244.00	305.00	244.00
SUN PREM -		0.00	0.00	0.00	0.00	0.00	0.00	172.00	223.40	172.00	223.40
SHIF/DIFF3 -		0.00	0.00	0.00	0.00	0.00	0.00	1621.50	1053.98	1621.50	1053.98
LIC CERT -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	998.95	0.00	998.95
WC ED -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	475.00	0.00	475.00
INJURED -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1699.58-	0.00	1699.58-
EMA COOR -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00
DECLINE -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	2250.00	0.00	2250.00
RETRO--REG -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	160396.27	0.00	160396.27
RETRO--OTH -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	13710.97	0.00	13710.97
TIME BANK -		0.00	0.00	0.00	0.00	0.00	0.00	1815.00	49072.65	1815.00	49072.65
LIEU OF -		0.00	0.00	0.00	0.00	0.00	0.00	84.00	1737.24	84.00	1737.24
COMP PAY -		0.00	0.00	0.00	0.00	0.00	0.00	90.91	3516.94	90.91	3516.94
CEU HOURS -		0.00	0.00	0.00	0.00	0.00	0.00	7.25	278.09	7.25	278.09
DEDUCTIONS		EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	3600.00	0.00	3600.00
HLTH SNG PR-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	525.00	0.00	525.00
HLTH SNG AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00	0.00	125.00
HLTH FML AF-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	993.75	0.00	993.75
PBPA CHIEF -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	0.00	60.00
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1249.37	0.00	1249.37
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	767.01	0.00	767.01
LOAN PAYMEN-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	459.32	0.00	459.32
ST FARM INS-		0.00	0.00	0.00	0.00	0.00	0.00	186.88	185.42	186.88	185.42
AMER HERITA-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	102.71	0.00	102.71
IPPPA 457 P-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	8296.53	0.00	8296.53
RELIEF & WE-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00	0.00	90.00
ENG LOCAL39-		0.00	0.00	0.00	0.00	0.00	0.00	0.00	2266.25	0.00	2266.25
PBPA LABOR -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	2612.50	0.00	2612.50
AFSCME 31 -		0.00	0.00	0.00	0.00	0.00	0.00	0.00	1038.44	0.00	1038.44

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OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98	0.00	50.98
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.42	0.00	270.42
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61.66	0.00	61.66
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64.50	0.00	64.50
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	0.00	0.00	0.00	0.00	0.00	0.00	854122.88	150781.92	854122.88	150781.92
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	854122.88	42309.93	854122.88	42309.93
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	278788.92	17284.92	278788.92	17284.92
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	887714.30	12871.87	887714.30	12871.87
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00